

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762434

Entity Name: SUMMERWIND CONDOMINIUM OF COCOA BEACH, INC.

Current Principal Place of Business:

2090 N. ATLANTIC AVE.
COCOA BEACH, FL 32931

Current Mailing Address:

1980 N ATLANTIC AVE
#701
COCOA BEACH, FL 32931

FEI Number: 36-3218811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

B P DAVIS PROPERTY MGMT, INC
1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OLSON, AL
Address 2090 N. ATLANTIC AVE. # 303
City-State-Zip: COCOA BEACH FL 32931

Title VP
Name HOLCOMBE, JAMES
Address 2090 N. ATLANTIC AVE. # 2-PH
City-State-Zip: COCOA BEACH FL 32931

Title ST
Name WERNER, JERRI
Address 2090 N. ATLANTIC AVE. # 405
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name TIEMAN, ROY
Address 2090 N. ATLANTIC AVE. # 403
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name ERLANDSON, SHARON
Address P.O. BOX 4182
City-State-Zip: HOMOSASSA FL 34447

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AL OLSON

PRESIDENT

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date