

**2018 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 VP  
Name OLSON, AL  
Address 2090 N. ATLANTIC AVE. # 303  
City-State-Zip: COCOA BEACH FL 32931

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

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

Title DIRECTOR  
Name ERLANDSON, SHARON  
Address P.O. BOX 4182  
City-State-Zip: HOMOSASSA SPRINGS FL 34448

Title DIRECTOR  
Name TANIS, MATTHEW  
Address 2090 N ATLANTIC AVE.  
#205  
City-State-Zip: COCOA BEACH FL 32931

*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: JAMES HOLCOMBE**

**PRESIDENT**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date