
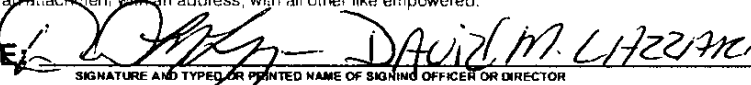


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90323 008 ****61.25

DOCUMENT # 745802 1. Entity Name SUMMER WINDS, INC.					
Principal Place of Business 400 OAKRIDGE BLVD. DAYTONA BEACH, FL 32119 US			Mailing Address 507 HERBERT STREET C PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1998245	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIMER, RONALD % ATLAN MGMT., ACC. INC. 507 HERBERT ST., STE. C PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANNERY, JOHN		NAME		
STREET ADDRESS	400 OAKRIDGE BLVD., #14		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNIER, ESTELLE		NAME		
STREET ADDRESS	400 OAKRIDGE BLVD #21		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAZZARI, DAVID		NAME	TD	
STREET ADDRESS	400 OAKRIDGE BLVD 25		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BHAHMBHAIT, SAMIR		NAME	SD	
STREET ADDRESS	400 OAKRIDGE BLVD #15		STREET ADDRESS	Blake, Cindy	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	400 Oakridge Blvd. #05	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Daytona Beach, FL 32118	
NAME	RABERN, NOLAN		NAME	D	
STREET ADDRESS	400 OAKRIDGE BLVD #19		STREET ADDRESS	Zerbisias, Robert	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	400 Oakridge Blvd # 08	
TITLE		<input type="checkbox"/> Delete	TITLE	Daytona Beach, FL 32118	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			4/15/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		