## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 01, 2008 8:00 am Secretary of State

DOCUMENT # 762434  1. Entity Name SUMMERWIND CONDOMINIUM OF COCOA BEACH, INC.						05-01-200	8 90241 01	.9 ****6	1.25
2090 N. ATLANTIC AVE. 198 COCOA BEACH, FL 32931 #70		Mailing Address 1980 N ATLANTIC AVE #701 COCOA BEACH, FL 329	1980 N ATLANTIC AVE		 		IEI BYDY EIBH BYBY		
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01092008	Chg-NP	CR2E037	(12/06)	
City & State		City & State	City & State		4. FEI Number 36-32188	311		<u> </u>	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ <b>\$</b>	8.75 Add	litional d
	6. Name and Address of Current	registered Agent			7. Name and A	dress of New	Registered Ag	gent	
B P DAVIS PROPERTY MGMT, INC			Name						
1980 N AT	LANTIC AVE #701		Street Address (			s Not Acceptat	ole)		
COCOA BI	EACH, FL 32931								
			City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r register	ed agent, or both,	in the State of F	Florida. I am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2008	<u> </u>	mpaign Financing	iture required	\$5.00 May Be Added to Fees		DATE Make check orida Departi		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (	mpaign Financing		\$5.00 May Be	Flo	Make check orida Departi	nent of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flo	Make check orida Departi ERS AND DIRE	nent of St	ate
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12. I hereby certify that the information supplied with this filling 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.

4/25/08 SIGNATURE: OLSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 783 - 4753 Daytime Phone #