

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762434

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** SUMMERWIND CONDOMINIUM OF COCOA BEACH, INC.

**Current Principal Place of Business:**

2090 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

1980 N ATLANTIC AVE  
#701  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 36-3218811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLSON, AL  
Address: P.O. BOX 320794  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD  
Name: TIEMAN, RAY  
Address: 2090 N. ATLANTICA AVE #403  
City-St-Zip: COCOA BEACH, FL 32931

Title: ST  
Name: WATSON, ROGER  
Address: 2090 N ATLANTIC AVE., #207  
City-St-Zip: COCOA BEACH, FL 32931

Title: D  
Name: ERLANDSON, SHARON  
Address: 2090 N ATLANTIC AVE #504  
City-St-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: AL OLSON

P

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date