5/17/01-91073-009-$61.25-$61.25
10/18/01-90014-023-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003590

1. Entity Name
Summerwind Condominium Owners Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 28 PM 3:02

Principal Place of Business | Mailing Address

2. Principal Place of Business: 8575 Gulf Blvd
Suite, Apt. #, etc.

3. Mailing Address: SAME
Suite, Apt. #, etc.

00064077

DO NOT WRITE IN THIS SPACE

City & State: Navarre, FL
Zip: 32566 Country: USA

City & State
Zip Country

4. FEI Number: 59-3682286 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: DESTIN RESORTS
Street Address (P.O. Box Number is Not Acceptable): 321 HWY 98E
City: DESTIN FL Zip Code: 32541

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.

SIGNATURE: Betty Noam — SR. OPS. MGR — 9/13/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: DICK FEDDECK STREET ADDRESS: PO BOX 545 CITY-ST-ZIP: Mandeville, LA 70470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: WILLIAM JURNEY STREET ADDRESS: 5415 SEAN WAY CITY-ST-ZIP: LAWRENCEVILLE, GA 30044	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: SECRETARY NAME: KEITH FOSHEE STREET ADDRESS: PO BOX 454 CITY-ST-ZIP: CULLMAN, AL 35056	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: TREASURER NAME: ROBERT DAVIS STREET ADDRESS: 5762 ZEBULON RD. CITY-ST-ZIP: MACON, GA 51210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: DIRECTOR NAME: HAL LIGHT STREET ADDRESS: 265 MAPLEDALE TRAIL CITY-ST-ZIP: SHARPSBURG, GA 30277	☐ Change ☑ Addition
TITLE: DIRECTOR NAME: RON HILBURN STREET ADDRESS: 6105 TREE CROSSING PKWY CITY-ST-ZIP: BIRMINGHAM, AL 35244	☐ Delete ADD	TITLE: DIRECTOR NAME: HENRY TYLER STREET ADDRESS: 515 SHADES CREST RD CITY-ST-ZIP: BIRMINGHAM, AL 35266	☐ Change ☑ Addition

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RA Feddeck — RA Feddeck — 9/13/01 — 850-936-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #