

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003590

1. Entity Name

SUMMERWIND CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8575 GULF BLVD.
NAVARRE FL 32566

8575 GULF BLVD.
NAVARRE FL 32566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

DESTIN RESORTS
321 HWY 98 E
DESTIN FL 32541

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.

SIGNATURE

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 P
NAME FEDDECK, DICK
STREET ADDRESS P.O. BOX 545
CITY-ST-ZIP MANDEVILLE LA 70470

TITLE PRESIDENT
NAME Richard A. Feddeck
STREET ADDRESS P.O. BOX 545
CITY-ST-ZIP MANDEVILLE, LA 70470-0545

TITLE V
NAME JURNEY, WILLIAM
STREET ADDRESS 5414 SEAN WAY
CITY-ST-ZIP LAWRENCEVILLE GA 30044

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME FOSHEE, KEITH
STREET ADDRESS P.O. BOX 454
CITY-ST-ZIP CULLMAN AL 35056

TITLE S
NAME Hal Light
STREET ADDRESS 265 Mapledale TR
CITY-ST-ZIP Sharpsburg, GA 30277

TITLE D
NAME LIGHT, HAL
STREET ADDRESS 265 MAPLEDALE TRAIL
CITY-ST-ZIP SHARPSBURG GA 30277

TITLE T
NAME WAYNE STEWART
STREET ADDRESS 24 Ramblewood DR.
CITY-ST-ZIP Silver Creek, GA 30173

TITLE D
NAME TYLER, HENRY
STREET ADDRESS 515 SHADES CREST RD
CITY-ST-ZIP BIRMINGHAM AL 35266

TITLE D
NAME Keith Foshee
STREET ADDRESS P.O. Box 454
CITY-ST-ZIP Cullman, AL 35056

TITLE D
NAME HILBURN, RON
STREET ADDRESS 6103 TREE CROSSING PKWY
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard A. Feddeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02 985-626-7682

CR2E037 (9/01)

0008956

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90061 046 ****61.25



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