

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003590

FILED
Apr 30, 2006
Secretary of State

Entity Name: SUMMERWIND CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8575 GULF BLVD.
NAVARRE, FL 32566

New Principal Place of Business:

8575 GULF BLVD.
NAVARRE, FL 32566 US

Current Mailing Address:

8575 GULF BLVD.
NAVARRE, FL 32566

New Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3682286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
348 SW MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

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: TERRY P GORMLEY

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELLERS, AL
Address: 4045 WHISPERING PINES CT
City-St-Zip: SUWANEE, GA 30024

Title: VP () Delete
Name: LIGHT, HAL
Address: 17757 FRONT BEACH RD UNIT 2105
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: HESTER, JAMES
Address: 435 ELLIOTT RD
City-St-Zip: MCDONOUGH, GA 30252

Title: SEC () Delete
Name: SMITH, KATHRYN
Address: 5609 CRAWFORD ST. STE E
City-St-Zip: NEW ORLEANS, LA 70123

Title: TREA () Delete
Name: STEWART, WAYNE
Address: 2 BOBBY JONES CT
City-St-Zip: ROME, GA 30165

Title: AS () Delete
Name: SIMMONS, VICKI L
Address: 7732 NAVARRE PKWY # 210
City-St-Zip: NAVARRE BEACH, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FELLERS, AL
Address: 4045 WHISPERING PINES CT
City-St-Zip: SUWANEE, GA 30024 US

Title: DV (X) Change () Addition
Name: LIGHT, HAL
Address: 17757 FRONT BEACH RD UNIT 2105
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D (X) Change () Addition
Name: HESTER, JAMES
Address: 435 ELLIOTT RD
City-St-Zip: MCDONOUGH, GA 30252 US

Title: DS (X) Change () Addition
Name: SMITH, KATHRYN
Address: 5609 CRAWFORD ST. STE E
City-St-Zip: NEW ORLEANS, LA 70123 US

Title: DT (X) Change () Addition
Name: STEWART, WAYNE
Address: 2 BOBBY JONES CT
City-St-Zip: ROME, GA 30165 US

Title: D (X) Change () Addition
Name: HIETT, TONY L
Address: 2027 AIRLINE RD
City-St-Zip: MCDONOUGH, GA 30252 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN SMITH

DS

04/30/2006

Electronic Signature of Signing Officer or Director

Date