2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003591

FILED Apr 30, 2006 Secretary of State

Entity Name: THE INN AT SUMMERWIND CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8577 GULF BLVD NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

8577 GULF BLVD 215 GRAND BLVD

NAVARRE, FL 32566 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: Name and Address of New Registered Agent:

NEWMAN, RAYMOND F JR
BECKER & POLIKOFF, P.A.
348 MIRACLE STRIP PKWY, STE 7
GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200

348 MIRACLE STRIP PKWY, STE 7 SUITE 200
FORT WALTON BEACH, FL 32548 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: DP (X) Change () Addition

Name: TYLER, HENRY Name: TYLER, HENRY
Address: 130 CITATION CT.
Address: 130 CITATION CT.

 Address:
 130 CITATION CT.
 Address:
 130 CITATION CT.

 City-St-Zip:
 BIRMINGHAM, AL 35209
 City-St-Zip:
 BIRMINGHAM, AL 35209 US

Title: T () Delete Title: DT (X) Change () Addition Name: STEWART, WAYNE DT (X) Change () Addition Name: STEWART, WAYNE

Name: STEWART, WAYNE Name: STEWART, WAYNE
Address: 2 BOBBIE JONES CT
City-St-Zip: ROME, GA 30165
City-St-Zip: ROME, GA 30165 City-St-Zip: ROME, GA 30165 US

Title: D () Delete Title: DS (X) Change () Addition

 Name:
 HESTER, U.
 Name:
 CATER, SARAH

 Address:
 435 ELLIOTT RD
 Address:
 155 FRONT ST #422

 City-St-Zip:
 MCDONOUGH, GA 30252
 City-St-Zip:
 PRESCOTT, WI 54021 US

Title: VP () Delete Title: VP (X) Change () Addition Name: HOLDERMAN, CINNAMON Name: HOLDERMAN, CINNAMON

Name:HOLDERMAN, CINNAMONName:HOLDERMAN, CINNAMONAddress:8371 GULF BLVD 1504Address:8406 LITTLE JOHN JUNCTION RD

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: HOLDERMAN, BOB Name: HOLDERMAN, BOB

Address: 8406 LITTLE JOHN JUNCTION RD Address: 8406 LITTLE JOHN JUNCTION RD

 City-St-Zip:
 NAVARRE, FL
 32566
 City-St-Zip:
 NAVARRE, FL
 32566 US

Title: D () Delete Title: D (X) Change () Addition

Name: PETERS, PATTI Name: FORTE, MIMI

Address: 4000 THE CANYONS RESORT DR #C408 Address: 15711 PHILEMON THOMAS DR City-St-Zip: PARK CITY, UT 84098 City-St-Zip: BATON ROUGE, LA 70810 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: SARAH CATER DS 04/30/2006