

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N00000003591

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

Current Principal Place of Business:

8577 GULF BLVD
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3682286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: D () Delete
Name: TYLER, HENRY
Address: 130 CITATION CT.
City-St-Zip: BIRMINGHAM, AL 35209 US
- Title: DT () Delete
Name: HAAS, DENNIS
Address: 720 BORDER CROSSING CT
City-St-Zip: GREENDALE, WI 53129 US
- Title: DP () Delete
Name: WINGATE, PAM
Address: 128 SHADOWOOD DR
City-St-Zip: WARNER ROBINS, GA 31088 US
- Title: D (X) Delete
Name: HOLDERMAN, CINNAMON
Address: 8406 LITTLE JOHN JUNCTION RD
City-St-Zip: NAVARRE BEACH, FL 32566 US
- Title: D () Delete
Name: WALES, MIKE
Address: 200 CARDEN AVE
City-St-Zip: NASHVILLE, TN 37205 US
- Title: DS () Delete
Name: CATER, JOHN
Address: 837 STWEARTON DR
City-St-Zip: DOVRAY, MN 56125 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: DV (X) Change () Addition
Name: CATER, LYLE
Address: 1490 ALABAMA ST
City-St-Zip: NAVARRE BEACH, FL 32566 US
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN CATER

Electronic Signature of Signing Officer or Director

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04/29/2008

Date