

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90169 034 \*\*\*\*61.25

**DOCUMENT # N02000003344**

1. Entity Name  
**SUMMERWIND WEST CONDOMINIUM OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**8573 GULF BLVD  
NAVARRE BEACH, FL 32566 US**

Mailing Address  
**215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US**

40034031



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

02-0600050

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME HOLDERMAN, CINNAMON  
STREET ADDRESS 8406 LITTLE JOHN JUNCTION RD  
CITY - ST - ZIP NAVARRE, FL 32566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME HOLDERMAN, BOB  
STREET ADDRESS 8406 LITTLE JOHN JUNCTION RD  
CITY - ST - ZIP NAVARRE, FL 32566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☒ Delete  
NAME OMLEY, GEORGE  
STREET ADDRESS 725 B FOREST SHORES  
CITY - ST - ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DT ☐ Delete  
NAME STEWART, WAYNE  
STREET ADDRESS 2 BOBBY JONES CT  
CITY - ST - ZIP ROME, GA 30047

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DS ☐ Delete  
NAME MITCHELL, DOUG  
STREET ADDRESS 3780 BACURATE WAY  
CITY - ST - ZIP MARIETTA, GA 30062

TITLE DV ☒ Change ☐ Addition  
NAME Mitchell, Doug  
STREET ADDRESS 3780 Bacurate Way  
CITY - ST - ZIP Marietta GA 30062

TITLE DV ☐ Delete  
NAME FELLERS, ALBERT  
STREET ADDRESS 4045 WHISPERING PINES CT  
CITY - ST - ZIP SWANEE, GA 30165

TITLE D ☒ Change ☐ Addition  
NAME Fellers, Albert  
STREET ADDRESS 4045 Whispering Pines CT  
CITY - ST - ZIP Swanee GA 30165

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Robert Holderman* 850-939-4050 Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Cinnamon Holderman* Cinnamon Holderman 850-939-4050

ATTACHMENT

40094891

ATTACHMENT

N02000003344

SUMMERWIND West CONDO ASSN INC

DS  
Lansden, Stephanie  
2017 Baneberry Dr  
Birmingham AL 32544

D  
Cox, Jamie  
1012 Jubilee Way  
Powder Springs GA 30127