2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000003344

FILED Nov 05, 2008 Secretary of State

Entity Name: SUMMERWIND WEST CONDOMINIUM OWNERS ASSOCIATION, INC.

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

8573 GULF BLVD

NAVARRE BEACH, FL 32566 LIS

Current Mailing Address: New Mailing Address:

215 GRAND BLVD P.O. BOX 2613

FORT WALTON BEACH, FL 32549 SUITE 200 US

MIRAMAR BEACH, FL 32550 US

FEI Number: 02-0600050 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:

GORMLEY, TERRY P RDF ASSOCIATES, INC 215 GRAND BLVD 29 HWY 98

SUITE 200 SUITE C

MIRAMAR BEACH, FL 32550 US FORT WALTON BEACH, FL 32548 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: ANDREA MCDERMOTT 11/05/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HOLDERMAN, CINNAMON ELLIS, CLAUDE Name: Name: 8406 LITTLE JOHN JUNCTION RD Address: 20841 E. APACHE WAY Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: WALNUT, CA 91789 US

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

HOLDERMAN, BOB Name: COX, JAMIE Name:

Address: 8406 LITTLE JOHN JUNCTION RD Address: 1012 JUBILEE WAY City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: POWDER SPRINGS, GA 30127 US

Title: () Delete Title: (X) Change () Addition STEWART, WAYNE ADAMS, BARBARA Name: Name:

2 BOBBY JONES CT 705 PINEY WOODS RD Address: Address: City-St-Zip: ROME, GA 30047 US City-St-Zip: VINCENT, AL 35178 US

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

Name: MITCHELL, DOUG Name: MITCHELL, DOUG Address: 3780 BACURATE WAY Address: 3780 BACURATE WAY City-St-Zip: MARIETTA, GA 30062 US City-St-Zip: MARIETTA, GA 30062 US

Title: Title: () Delete () Change () Addition

FELLERS, ALBERT Name: Name: 4045 WHISPERING PINES CT Address: Address: City-St-Zip: SWANEE, GA 30165 US City-St-Zip:

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

LANSDEN. STEPHANIE Name: Name: Address: Address: 2017 BANEBERRY DR. BIRMINGHAM, AL 32544 US City-St-Zip: 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: STEPHANIE LANSDEN DS 11/05/2008