

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003344

FILED
Apr 09, 2009
Secretary of State

Entity Name: SUMMERWIND WEST CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8573 GULF BLVD
NAVARRE BEACH, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2613
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 02-0600050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RDF ASSOCIATES, INC
29 HWY 98
SUITE C
FORT WALTON BEACH, FL 32548 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: DP () Delete
Name: ELLIS, CLAUDE
Address: 20841 E. APACHE WAY
City-St-Zip: WALNUT, CA 91789 US

Title: DV () Delete
Name: COX, JAMIE
Address: 1012 JUBILEE WAY
City-St-Zip: POWDER SPRINGS, GA 30127 US

Title: DT () Delete
Name: ADAMS, BARBARA
Address: 705 PINEY WOODS RD
City-St-Zip: VINCENT, AL 35178 US

Title: D () Delete
Name: MITCHELL, DOUG
Address: 3780 BACURATE WAY
City-St-Zip: MARIETTA, GA 30062 US

Title: D () Delete
Name: FELLERS, ALBERT
Address: 4045 WHISPERING PINES CT
City-St-Zip: SWANEE, GA 30165 US

Title: DS () Delete
Name: LANSDEN, STEPHANIE
Address: 2017 BANE BERRY DR.
City-St-Zip: BIRMINGHAM, AL 32544 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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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: ANDREA MCDERMOTT

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date