

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90091 022 \*\*\*\*61.25

**DOCUMENT # N08718**

1. Entity Name  
**SUMMER BREEZE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**12815 HWY 98 WEST  
SUITE 100  
MIRAMAR BCH, FL 32550 US**

Mailing Address  
**P O BOX 1779  
MIRAMAR BCH, FL 32540 US**

**40014455**



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

3. Mailing Address

**P.O. Box 1779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**Destin, FL**

4. FEI Number  
**59-2760721**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32540**

**USA**

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

**SMITH, LORETTA W  
12815 HIGHWAY 98 WEST, STE. 100  
MIRAMAR BCH, FL 32541**

Name  
**Smith Loretta W CAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**Newman-Dailey Resort Properties**  
**12815 Highway 98 West, Suite 100**  
City  
**Miramar Beach** FL Zip Code  
**32550**

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

*Loretta W Smith, CAM*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURCH, BRIAN  
20 HARWOOD ROAD  
WEST SENICA, NY 14224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JOHNSON, ERIC  
7602 HAMPTON OAKS DR  
PORTAGE, MI 49024** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
POLTERAK, DENNIS  
3120 HARTFORD CRT  
ROCHESTER, MI 48306** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHEHAN, BECKY MURPHY  
1975 MULFIELD CIR  
SNELLVILLE, GA 30078** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Belcher, Amanda  
6 Pine Ridge Trace  
Destin, FL 32541** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ATKINS, CHET  
30 LAKE COWETA TRAIL  
NEWNAN, GA 30263** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:**

*Chet Atkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/07**

Date

**837-1071**

Daytime Phone #