


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000619 (6) 1. Corporation Name <p style="text-align: center;">SUMMER WIND ASSOCIATION, INC.</p>					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 c/o Castle Group Suite, Apt. #, etc. 22 P.O. Box 189013 City & State 23 Plantation, FL Zip 24 33318			2a. Mailing Address 25 c/o Castle Group Suite, Apt. #, etc. 27 P.O. Box 189013 City & State 28 Plantation, FL Zip 29 33318		
			3. Date Incorporated or Qualified 02/08/1994		
			4. FEI Number 65-0574799		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
			7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name Castle Property Services Group, Inc.		
			82 Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard		
			83 Suite C-100		
			84 City Plantation		
			85 Zip Code FL 33313		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE <i>Gail H. Sangunett</i> <small>Signature, typed or printed name of registered agent, and title if applicable</small>		Gail H. Sangunett, VP - Administration 3/20/98 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	NAME Kodsi, Joseph		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3300 University Drive, Ste. 412			12 NAME 		
CITY-ST-ZIP Coral Springs, FL			1.3 STREET ADDRESS 1499 W. Palmetto Pk. Rd. # 200		
TITLE VD	NAME Kodsi, Albert		1.4 CITY-ST-ZIP Boca Raton FL		
STREET ADDRESS 3300 University Drive, Ste. 412			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Coral Springs, FL			2.2 NAME 		
TITLE STD	NAME Kodsi, Daniel		2.3 STREET ADDRESS 1499 W. Palmetto Pk. Rd. # 200		
STREET ADDRESS 3300 University Drive, Ste. 412			2.4 CITY-ST-ZIP Boca Raton FL		
CITY-ST-ZIP Coral Springs, FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		3.2 NAME 		
STREET ADDRESS 			3.3 STREET ADDRESS 1499 W. Palmetto Pk. Rd. # 200		
CITY-ST-ZIP 			3.4 CITY-ST-ZIP Boca Raton FL		
TITLE 	NAME 		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 			4.2 NAME 		
CITY-ST-ZIP 			4.3 STREET ADDRESS 		
TITLE 	NAME 		4.4 CITY-ST-ZIP 		
STREET ADDRESS 			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			5.2 NAME 		
TITLE 	NAME 		5.3 STREET ADDRESS 100002494481		
STREET ADDRESS 			5.4 CITY-ST-ZIP -04/21/98--01011--026		
CITY-ST-ZIP 			5.5 STREET ADDRESS ***61.25		
TITLE 	NAME 		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 			6.2 NAME 		
CITY-ST-ZIP 			6.3 STREET ADDRESS 		
TITLE 	NAME 		6.4 CITY-ST-ZIP 		
STREET ADDRESS 					
CITY-ST-ZIP 					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Joseph Kodsi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Joseph Kodsi, President 3/20/98 (954) 792-6000 <small>Date Daytime Phone #</small>			

CR2E037 (10/97)