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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90022 005 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000619**

1. Corporation Name

**SUMMER WIND ASSOCIATION, INC.**

Principal Place of Business

C/O CASTLE GROUP  
P.O. BOX 189013  
PLANTATION FL 33318

Mailing Address

C/O CASTLE GROUP  
P.O. BOX 189013  
PLANTATION FL 33318



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

65-0574799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

~~CASTLE PROPERTY SERVICES GROUP, INC.  
4450 WEST SUNRISE BLVD.  
SUITE C-100  
PLANTATION FL 33313~~

10. Name and Address of New Registered Agent

81 Name **Richard Huffman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**505 NW 115th Way**  
83  
84 City **Coral Spring** FL 85 Zip Code **33071**

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 office 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Richard Huffman**

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, JOSEPH	
STREET ADDRESS	1499 WEST PALMETTO PARK ROAD, # 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, ALBERT	
STREET ADDRESS	1499 WEST PALMETTO PARK ROAD, # 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, DANIEL	
STREET ADDRESS	1499 WEST PALMETTO PARK ROAD, # 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Huffman, Richard	
1.3 STREET ADDRESS	505 NW 115 Way	
1.4 CITY-ST-ZIP	Coral Spring, FL 33071	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pilla, Steve	
2.3 STREET ADDRESS	303 NW 115 Way	
2.4 CITY-ST-ZIP	Coral Spring FL 33071	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Berkowitz, Bob	
3.3 STREET ADDRESS	11576 NW 5th Street	
3.4 CITY-ST-ZIP	Coral Spring, FL 33071	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Linares, Leno	
4.3 STREET ADDRESS	11586 NW 5th Street	
4.4 CITY-ST-ZIP	Coral Spring FL 33071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Richard Huffman, Pres. 2-8-99 (954) 792-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #