

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000619

1. Entity Name

SUMMER WIND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

J+L PROPERTY MGMT. INC  
10191 W SAMPLE RD  
CORAL SPRINGS FL 33065

J+L PROPERTY MGMT. INC  
10191 W SAMPLE RD  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0574799

Applied For

Not Applicable

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

CALDERAZZO, JAMES  
10191 W SAMPLE RD  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME BERKWITZ, ROBERT  
STREET ADDRESS 11576 NW 5TH CT  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

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

TITLE VP/D  
NAME COHEN, JOEL  
STREET ADDRESS 520 NW 115TH WAY  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE D  
NAME WARREN, PAMELA  
STREET ADDRESS 445 NW 115TH WAY  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE SD  
NAME GARNER, PHIL  
STREET ADDRESS 11536 NW 5TH ST  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE T  
NAME RAAF, KEVIN  
STREET ADDRESS 11530 NW 6TH PLACE  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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:

SIGNATURE REQUIRED

1/12/02 954-713-3067

FILED  
Jan 28, 2002 8:00 am  
Secretary of State

01-28-2002 90045 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)