


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 049 \*\*\*\*61.25

<b>DOCUMENT # N94000000619</b>	
1. Entity Name <b>SUMMER WIND ASSOCIATION, INC.</b>	

Principal Place of Business <b>J+L PROPERTY MGMT, INC 10191 W SAMPLE RD CORAL SPRINGS FL 33065</b>	Mailing Address <b>J+L PROPERTY MGMT, INC 10191 W SAMPLE RD CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>65-0574799</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CALDERAZZO, JAMES 10191 W SAMPLE RD CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

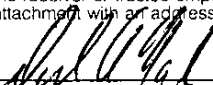
9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>D BRAATHEN, THORBJORN 11544 NW 6TH PL CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BENJAMIN O'CONNELL 440 NW 115 WAY CORAL SPR FL 33071</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARREN, PAMELA 445 NW 115TH WAY CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE <b>T/S</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID MAGEE 480 NW 115 WAY CORAL SPR FL 33071</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARNER, PHIL 11536 NW 5TH ST CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE <b>SP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL DAVIS 11563 NW 6 CT CORAL SPR FL 33071</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERKWETS, ROBERT 11576 NW 5TH CT CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>JOEL COHEN 520 NW 115 WAY CORAL SPR FL 33071</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAINGOT, DAVIR 560 NW 115TH WAY CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLEASON, JAMES 11571 NW 4TH MANOR CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **David A Magee Jr** 3/24/06 954 340 7934