

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000619

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** SUMMER WIND ASSOCIATION, INC.

**Current Principal Place of Business:**

J&L PROPERTY MGMT, INC  
10191 W SAMPLE RD SUITE 203  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

J&L PROPERTY MGMT, INC  
10191 W SAMPLE RD SUITE 203  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0574799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDERAZZO, JAMES  
10191 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: MAGEE, DAVID  
Address: 480 NW 115 WAY  
City-St-Zip: POMPANO BEACH, FL 33071

Title: P  
Name: DAVIS, MICHAEL  
Address: 11563 NW 6 CT  
City-St-Zip: POMPANO BEACH, FL 33071

Title: VP  
Name: LINARES, LPONOR  
Address: 11586 NW 5 ST  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S  
Name: SINBERG, JOY  
Address: 302 NW 115 WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D  
Name: O'CONNELL, LOU  
Address: 440 NW 115TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES CALDERAZZO

RA

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date