2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# N95000003405

Entity Name: SUMMER BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25 TOWN CENTER BLVD
SUITE C
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

25 TOWN CENTER BLVD
SUITE C
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3331614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDWELL, PAUL M
25 TOWN CENTER BLVD
SUITE C
CLERMONT, FL 34714 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: DP ( ) Delete
Name: LUDWIG, MARILYN
Address: 4941 WILLOW RIDGE TERRACE
City-St-Zip: VALRICO, FL 33594

Title: VPD ( ) Delete
Name: LEWIS, GARY C
Address: 5 COOKS FARM ROAD
City-St-Zip: MONTVILLE, NJ 07045

Title: ST ( ) Delete
Name: SKURECKI, PAUL M
Address: 25 TOWN CENTER BLVD. STE C
City-St-Zip: CLERMONT, FL 34714

Title: D ( ) Delete
Name: SKURECKI, PAUL M
Address: 25 TOWN CENTER BLVD. SUITE C
City-St-Zip: CLERMONT, FL 34714

Title: AS ( ) Delete
Name: GLADSON, GEORGETTE
Address: 1065 EXECUTIVE PARKWAY STE 300
City-St-Zip: ST. LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LEWIS, GARY C
Address: 5 COOKS FARM ROAD
City-St-Zip: MONTVILLE, NJ 07045

Title: VPD (X) Change ( ) Addition
Name: LUDWIG, MARILYN
Address: 4941 WILLOW RIDGE TERRACE
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL M. SKURECKI ST 01/31/2006

Electronic Signature of Signing Officer or Director — Date