2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N98000001502



FILED Jan 10, 2006 8:00 am Secretary of State

1. Entity Name SUMMERLIN CONDOMINIUM OWNERS ASSOCIATION, INC.							01-10-	2006 9	0031 0	10 ****6	1.25		
Principal Place of Business 774 SUNDIAL CT FORT WALTON BEACH, FL 32548 Mailing Address 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548						1.1121(151.31		I F1)11 F1 (1)	1 0111 1015 1 11	ee l a nki aans kii	16 11 ti 51 ti		
2. Principal Place of Business 3. Mai				Mailing Address									
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			01032006	Chg-NP		CR2E03	37 (11/05)		
City & State			City 8	City & State				4. FEI Number 59-3500840				No	oplied For ot Applicable
		Zip	<u> </u>		entry	5. Certificate of Status De				Fee Required			
6. Name and Address of Current Registered Agent								7. Name and	d Address of	f New Ro	gistered	Agent	
SUCREY DON					Name							ļ	
SHOREY, RON 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548						Street Address (P.O. Box Number is Not Acceptable)							
						City					FL	Zip Cod	e
	named entile ions of regist	y submits this statement for lered agent.	r the purpos	e of changing its	registere	ed office or	register	ed agent, or be	oth, in the Sta	ite of Flor	ida. Fam	familiar with,	and accept
SIGNATURE								when renstating)			DATE		
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	_	e is \$61.25 Aay 1, 2006		9. Election Can Trust Fund C		inancing	<u> </u>	\$5.00 May Added to Fee	8	Flori	da Depai	k payable to	tzte
10.	Due by N		RECTORS			inancing		\$5.00 May	8	Flori	da Depai	tment of S	tate
TITLE	Due by N	Aay 1, 2006 OFFICERS AND DIF	RECTORS		11.	inancing ion.	<u> </u>	\$5.00 May Added to Fee	8	Flori	da Depai	tment of S	tzte
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.