

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90281 019 \*\*\*\*61.25

<b>DOCUMENT # N98000001502</b>					
<b>1. Entity Name</b> SUMMERLIN CONDOMINIUM OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 774 SUNDIAL CT FORT WALTON BEACH, FL 32548			<b>Mailing Address</b> 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3500840	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHOREY, RON 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>NO</del> BROWN, SIDNEY K JR <input type="checkbox"/> Delete 1417 RUMSTILL CREEK CIRCLE NICEVILLE, FL 32578		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Sidney K Brown <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P LOUCKS, PAT <input checked="" type="checkbox"/> Delete 2241 SALIENT RD MARIETTA, GA 30064		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JENNIFER LOUCKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2241 Salient Rd Marietta, GA 30064	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BENDOCK, SCOTT <input checked="" type="checkbox"/> Delete 723 FIRST COTTON DR POWDER SPRINGS, GA 30127		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STACEY PARKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 713 CEDAR CREEK WY WOODSTOCK, GA 30189	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D VASSEUR, CALVIN <input type="checkbox"/> Delete 29724 MARK BLVD MADISON HEIGHTS, MI 48071		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>NO</del> SWEENEY, ROBERT <input type="checkbox"/> Delete 128 W 34TH ST LATONIA, KY 41015		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Sweeney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sidney K. Brown</i>			04-20-07 <sup>850</sup> 678-7563		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		