2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001502



1. Entity Name SUMMERLIN CONDOMINIUM OWNERS ASSOCIATION,

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

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

Principal Place of Business 774 SURDIAL CT FORT WALTON BEACH, FL 32548 Mailing Address 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4092007 Chg-NP CR2E037 (12/06) City & State Country 5. Certificate of Status Desired Fee Required Foort WALTON BEACH, FL 32548 City City FL Zip Code 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 Filing Fee is \$61.25 Due by May 1, 2007 Pelection Campaign Financing Trust Fund Contribution Added to Fee Florida Department of State The Addition Name BROWN, SIDNEY K JR 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-Zip NICE PULLE, FL 32578 Debete TITLE NAME JENNIFER LOUCKS Change Change Change Change Change Change Chaddion NAME JENNIFER LOUCKS
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City & State Applied For Sp-3500840 Street Address of Sp-3500840 Street Address of Status Desired Street Address of New Registered Agent 7. Name and Address of New Registered Agent SHOREY, RON 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address of Pointia. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 Stelection Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE BROWN, SIDNEY K JR 1417 RUMSTILL CREEK CIRCLE INITE P Change Addition Make STREET ADDRESS CITY-SI-ZIP Change Addition MAKE STREET ADDRESS CITY-SI-ZIP Change Addition MAKE STREET ADDRESS CITY-SI-ZIP Change Change Addition MAKE JEWNIFER LOUCKS Change Change Addition Addition Addition AME JEWNIFER LOUCKS
Sp-3500840 Not Applicable
Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature Signature Fee Required 7. Name and Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Fitting Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME BROWN, SIDNEY K JR 1417 RUMSTILL CREEK CIRCLE NICEVILLE, FL 32578 Deblete NICEVILLE, FL 32578 Deblete NIME Deblete NIME JENNIFER LowCKS
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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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and take 4 applicable. (NOTE: Registered Agent signature required when remistating) DATE
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I nereby 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.

SIGNATURE:

04-20-07

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