2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90229 048 ***150.00

DOCUMENT # P98000023783

1. Entity Name
SUMMERWIND REALTY, INC.

Principal Place of Business	Mailing Address
4065 NORTH LECANTO HWY. SUITE 500 BEVERLY HILLS FL 34465	4065 NORTH LECANTO HWY. SUITE 500 BEVERLY HILLS FL 34465

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4067 N. Lecanto Hwy	4067 N. Lecanto Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Beverly Hills FL.	City & State: Beverly Hills FL.
Zip: 34465 Country: USA	Zip: 34465 Country: USA

4. FEI Number 59-3499480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON, JOHN A
2218 HIGHWAY 44 WEST
INVERNESS FL 34453

7. Name and Address of New Registered Agent
Name: JUDITH S. HADLEY
Street Address (P.O. Box Number is Not Acceptable): 4067 N. LECANTO HWY
City: BEVERLY HILLS, FL FL Zip Code: 34465

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: Judith Suzanne Hadley, President — DATE: 3-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HADLEY, JUDITH SUZANNE	
STREET ADDRESS	3229 SOUTH JEAN AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450-7455	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Judith Hadley, PRES JUDITH S. HADLEY 3-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #