## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042208

1. Corporation Name

SUMMERWIND PROPERTIES, INC.

l		Will The Ellings, inc.						
ŀ	Principal Place	of Business	Mailing Address		1 (00)(03) (10 )610) (3)() 63)() (05)() 06)() 40)() 40)()		IIQI 1811 1881	
5900 CASA DEL REY CIRCLE 5900 CASA DEL REY CIRCLE ORLANDO FL 32809 ORLANDO FL 32809								
l					DO NOT WRITE IN THIS \$	PACE		ı
ļ				·	3. Date Incorporated or Qualifed			
ļ					05/11/1998	1 0 0 0 1	lind Con	
ļ		ace of Business	2a. Mailing Address		4. FEI Number 59- 3510004	<del></del>	lied For	
ļ	21		26		57- 301000T	\$8.75 Ad	Applicable	
ŀ	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Requ		
ŀ	22 City & State		City & State		A Floation Compaign Financing	-\$5:00 M		
ŀ	City & State		28			Added to	,	
ŀ	Zip	Country		Country	8. This corporation owes the current year Intan			
ŀ	24	25	29 30	0			□No	
ŀ	24]	9 Name and Address of Curren	_1=-1	<u> </u>	10. Name and Address of New Registered A	gent		
Ì				81 Name I	RANCISCO ORCHILLES	_		Ì
AMERILAWYER				82 Street_Add	dress (P.O. Box Number is Not Acceptable)	<u> </u>		
343 ALMERIA AVENUE				59	OO CASA DEL REY C	RCE		
l	COR	AL GABLES FL 33134		83				
l				84 City O		85 Zip Co	nde	l
l		<b>X</b>		1 1 100	LLANDO FL	32	209	
Ì	44 Pursuant t	o the provisions of Sections 607 050	2 and 607 1509 Florida Statutos	the above named cor	poration cubmite this etatement for the numose of cl	hanging its re	egistered	1
п	11. I diagonic	o the promator professiona dor tood	z and bur. 1506, Florida Statutes,	, tile above-hamed con	boration submits this statement for the purpose of ci	ment as real	ictored	
ļ	office or re	egistered agent or both, in the State in familiar with and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by the corporat a Statutes.	icion's board of directors. I hereby accept the appoint	ment as regi	istered	
			of Florida. Such change was authtions of, Section 607.0505, Florid	the above-hamed comporate a Statutes.  S — PRESID	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	ment as regi	istered	
	SIGNATURE	Signature, typed of printed name of registered agen	Acisco Un Mile (NOTE: Re	norized by the corporat a Statutes.  S — PRESID egistered Agent signature requir	DEUT 2/26/9 ped when reinstating) DATE	<del>79</del>	- <u> </u>	á
	SIGNATURE	Signature, typed of printed reme of registered ager OFFICERS AN	SCISCO DRAME  NOTE: Re  ID DIRECTORS	S — † RES i D egistered Agent signature requir 13.	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	(00)
	SIGNATURE  12.  TITLE	Signature, typed of britted name of registered ager OFFICERS AN	Acisco Un Mile (NOTE: Re	S - † QES i D egistered Agent signature requir 13.	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	<del>79</del>	- <u> </u>	(00)
	SIGNATURE	Signature, typed of circled name of registered ager OFFICERS AN ORCHILLES, FRANCISCO	SCISCO DRAME  NOTE: Re  ID DIRECTORS	5 — Y RES ID egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	(00,177
	SIGNATURE  12.  TITLE	Signature, typed of circled name of registered ager OFFICERS AN PTD ORCHILLES, FRANCISCO 5900 CASA DEL REY CIRCLE	SCISCO DRAME  NOTE: Re  ID DIRECTORS	5 — T QES Degistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	00017770010
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CITY-ST-ZIP 14. 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 annual report or suppliemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, who are affectment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90120 043 \*\*\*150.00