

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000042208**

1. Entity Name  
**SUMMERWIND PROPERTIES, INC.**



Principal Place of Business  
**5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809**

Mailing Address  
**P O BOX 1650  
WINDERMERE, FL 34786**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3510004**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ORCHILLES, FRANCISCO  
5900 CASA DELREY CIRCLE  
ORLANDO, FL 32809**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ORCHILLES, FRANCISCO JR  
5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ORCHILLES-PABLO, FRANCISCO SR  
5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

**FRANCISCO ORCHILLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/04 407 3630015  
Date Daytime Phone #