

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000042208 1. Entity Name *SUMMERWIND PROPERTIES, INC.	
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Principal Place of Business 5900 CASA DEL REY CIRCLE ORLANDO, FL 32809	Mailing Address P O BOX 1650 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



D1052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3510004	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ORCHILLES, FRANCISCO
5900 CASA DELREY CIRCLE
ORLANDO, FL 32809

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9. 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	100000330381 01/23/06-80023-012 150.00
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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	VP ORCHILLES, JUAN C 5900 CASA DEL REY CIRCLE ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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: _____ **01/09/06** **407 363-0015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #