


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755074 (2) 1. Corporation Name SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.
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Principal Place of Business RENTAL OFFICE A 1 A SOUTH ST.AUGUSTINE FL 32084	Mailing Address RENTAL OFFICE A 1 A SOUTH ST.AUGUSTINE FL 32084
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/12/1980	3a. Date of Last Report 06/19/1995
				4. FEI Number 59-2126850	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERCIER, LEE F. 121 W. FORSYTH STREET JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE KIEFER, BOB 8550 AIA SO. ST AUGUSTINE FL	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KIEFER, BOB - PD 8550 AIA SOUTH ST. AUGUSTINE, FL.
TITLE VP	<input type="checkbox"/> DELETE KNOWLES, TERRY 1215 DOLPHIN ST. ORANGE PARK FL	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KNOWLES, TERRY - VD 1215 DOLPHIN ST. ORANGE PARK, FL.
TITLE TD	<input checked="" type="checkbox"/> DELETE CARMODY, TOM 954 MEMORIAL DRIVE JACKSONVILLE FL	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARLSON, WILLIAM - TD 1705 BATES ROAD SINCLAIRVILLE, N. Y. 14782
TITLE SD	<input checked="" type="checkbox"/> DELETE PARTIDGE, MARGARET 3233 HWY 17 SOUTH ORANGE PARK FL	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PLEASANT, JAMES - SD 4907 PHILROSE DRIVE JACKSONVILLE, FL. 32217
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600001883266 -07/03/96--01040--031 ***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____	DATE: 6/25/96	DAYTIME PHONE: 904-471-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (3/96)