

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 755074 (2)

1. Corporation Name
SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



| | |
|---|---|
| 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 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/12/1980 | 3a. Date of Last Report 07/02/1996 |
| 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 | |

| | |
|-------------------------------|------------------------|
| 2 Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 30 |

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 |
| 85 Zip Code |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---|--|
| TITLE | XXX | <input checked="" type="checkbox"/> DELETE |
| NAME | SEIFER, BOB | |
| STREET ADDRESS | 8550 A1A SOUTH ST AUGUSTINE FL | |
| CITY - ST - ZIP | ST AUGUSTINE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | KNOWLES, HEART | |
| STREET ADDRESS | 1215 DOLPHIN ST ORANGE PARK FL | |
| CITY - ST - ZIP | ORANGE PARK FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CARLSON, WILLIAM | |
| STREET ADDRESS | 1705 BATES RD | |
| CITY - ST - ZIP | SINCLAIRVILLE NY 14782 | |
| TITLE | XXX | <input type="checkbox"/> DELETE |
| NAME | PLEASANT, JAMES | |
| STREET ADDRESS | 4907 PHILROSE DR | |
| CITY - ST - ZIP | JACKSONVILLE FL 32217 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VICE PRESIDENT | |
| 2.3 STREET ADDRESS | WEBENDORFER, LILLIAN | |
| 2.4 CITY - ST - ZIP | 8550 A1A SO. ST. AUGUSTINE, FL. 32086 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | PRESIDENT | |
| 4.3 STREET ADDRESS | PLEASANT, JAMES | |
| 4.4 CITY - ST - ZIP | 4907 PHILROSE DR. JACKSONVILLE, FL. 32217 | |
| 5.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SECRETARY | |
| 5.3 STREET ADDRESS | PODMEYER, DAVID | |
| 5.4 CITY - ST - ZIP | 1733 MOSS BLUFF COURT ORANGE PARK, FL 32073 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

4. I do 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 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.

CR2E037 (9/96)

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