

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755074** (2)

1. Corporation Name

SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**RENTAL OFFICE A 1 A SOUTH
ST.AUGUSTINE FL 32084**

**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**

2 Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2126850	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERCIER, LEE F.
121 W. FORSYTH STREET
JACKSONVILLE FL 32202**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	XXX <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIFER, BOB	1.2 NAME	
STREET ADDRESS	8550 A1A SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, TERRY	2.2 NAME	WEBENDORFER, LILLIAN
STREET ADDRESS	1215 DOLPHIN ST	2.3 STREET ADDRESS	8550 A1A SO.
CITY - ST - ZIP	ORANGE PARK FL	2.4 CITY - ST - ZIP	ST. AUGUSTINE, FL. 32086
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, WILLIAM	3.2 NAME	
STREET ADDRESS	1705 BATES RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SINCLAIRVILLE NY 14782	3.4 CITY - ST - ZIP	
TITLE	XXX <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEASANT, JAMES	4.2 NAME	PLEASANT, JAMES
STREET ADDRESS	4907 PHILROSE DR	4.3 STREET ADDRESS	4907 PHILROSE DR.
CITY - ST - ZIP	JACKSONVILLE FL 32217	4.4 CITY - ST - ZIP	JACKSONVILLE, FL. 32217
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PODMEYER, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	1733 MOSS BLUFF COURT
CITY - ST - ZIP		5.4 CITY - ST - ZIP	ORANGE PARK, FL 32073
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	02/18/97--01112--038 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)