


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90115 017 ***61.25

306751 - 90048 - 45

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 755074 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	



2. Principal Place of Business 21 8550 A1A SOUTH Suite, Apt. #, etc.	2a. Mailing Address 26 8550 A1A SOUTH Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/12/1980
22	27	4. FEI Number 59-2126850 Applied For <input type="checkbox"/> Not Applicable
23 City & State ST. AUGUSTINE, FLORIDA	28 City & State ST. AUGUSTINE, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32086	25 Country U.S.A.	29 Zip 32086
30 Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 MICHAEL LANGTON 82 Street Address (P.O. Box Number is Not Acceptable) 1618 TALBOT 83 84 City JACKSONVILLE FL 85 Zip Code 32205
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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 _____ DATE **1/19/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ROBERT MITCHELL PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, WILLIAM	1.2 NAME	D 7818 N.W. 22ND CAVE
STREET ADDRESS	1705 BATES RD	1.3 STREET ADDRESS	GAINESVILLE, FL 32605
CITY-ST-ZIP	SINCLAIRVILLE NY 14782	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLEASANT, JAMES	2.2 NAME	D ALEX WILSON
STREET ADDRESS	4907 PHILROSE DR	2.3 STREET ADDRESS	1513 HANCOCK WEST DR, NW
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	PO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TEES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOMEYER, DAVID	3.2 NAME	D MICHAEL LANGTON
STREET ADDRESS	1733 MOSS BLUFF COURT	3.3 STREET ADDRESS	1618 TALBOT AVE
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/19/99** **904-387-3342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)

03021999-90115-017-461.25

SUMMERHOUSE BOARD OF DIRECTORS
(EFFECTIVE JANUARY, 1999)
REVISED ON MARCH 16, 1999

306757-90048-45
755074

PHASE I

RICHARD CULLEN (1-10)*
7928 S.W. 17TH PLACE
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HOME: 352-331-8125
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EMAIL: recullen@grv.ifas.ufl.edu

MICHAEL LANGTON (1-13)*
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JACKSONVILLE, FL 32205
CONDO: 904-471-4477
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OFFICE: 904-387-3342
FAX: 904-387-3364
EMAIL: melangton@AOL.COM

ROBERT MITCHELL (1-55)
7818 N.W. 22ND LANE
GAINESVILLE, FL 32605
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HOME: 352-371-1470
OFFICE: 352-374-8579
FAX: 352-379-5965
EMAIL: bob2@mindspring.com
CELL PH. 870-0337

PHASE III

CHARLES HOLLAND (3-26)
1413 PINWOOD RD.
JACKSONVILLE, FL 32250
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HOME: 904-270-2280
FAX: 904-247-3931

HARRIET HAVERMALE (3-17)*
6435 COLEWOOD CT. N.W.
ATLANTA, GA 30328
CONDO: 904-471-1164
HOME: 404-255-6753
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JIM MANN (3-15)*
TRISTATE MARKETING, INC.
2579-G ERIC LANE
BURLINGTON, NC 27215
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PHASE II

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4650 ARLEN LANE
JACKSONVILLE, FL 32210
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NANCY HYDE (2-3)
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TUCKER, GA 30084
CONDO: 904-471-2962 (1-3)
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OFFICE:
FAX: 770-939-1538
EMAIL:

PHASE IV

JOSEPH MACDOUGALL (4-44)*
283 GLENLYON DRIVE
ORANGE PARK, FL 32073
CONDO: 904-461-4679
HOME: 904-272-0737
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FAX: 904-272-0737
EMAIL: Jsmacd@hotmail.com

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1513 HANOVER WEST DR. N.W.
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HOME/OFF: 716-287-2923
FAX: 716-287-2657

TRES.

DEES.

SECT.