

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-27-2000 90043 035 ****61.25

DOCUMENT # 755074

1. Entity Name

SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASS

Principal Place of Business

8550 A1A SOUTH
 ST.AUGUSTINE FL 32086
 US

Mailing Address

8550 A1A SOUTH
 ST.AUGUSTINE FL 32086-9406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2126850**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGTON, MICHAEL
1618 TALBOT
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Na **ALEX WILSON**
 Str **372 Oyster Court**
St. AUGUSTINE, FL
 Cit **32084**

Zip Code **32084**

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ROBERT	
STREET ADDRESS	7818/ N.W. 22ND LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, ALEX	
STREET ADDRESS	1513 HANOVER WEST DR N.W.	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANGTON, MICHAEL	
STREET ADDRESS	1618 TALBOT AVE	
CITY-ST-ZIP	JAX. FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Alex	
STREET ADDRESS	372 Oyster Court	
CITY-ST-ZIP	St. AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Havermale, Harriet	
STREET ADDRESS	6435 Colewood Ct. N.W.	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fralish, Marvin	
STREET ADDRESS	4348 Tucker N. Court	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/4/00

Date

Daytime Phone #