

# 2000 UNIFORM BUSINESS REPORT (UBR)

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 32086-9405  
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

Na

Stn

Cit

ALEX WILSON  
372 Oyster Court  
St. Augustine, FL  
32084

Zip Code

32084

7. Name and Address of New Registered Agent

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 \$61.25

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  
NAME MITCHELL, ROBERT  
STREET ADDRESS 7818/ N.W. 22ND LANE  
CITY-ST-ZIP GAINSVILLE FL 32605 ☒ Delete

TITLE SD  
NAME WILSON, ALEX  
STREET ADDRESS 1513 HANOVER WEST DR N.W.  
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE TD  
NAME LANGTON, MICHAEL  
STREET ADDRESS 1618 TALBOT AVE  
CITY-ST-ZIP JAX. FL 32205 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Wilson, Alex  
STREET ADDRESS 372 Oyster Court  
CITY-ST-ZIP St. Augustine FL 32084 ☒ Change ☐ Addition

TITLE SD  
NAME Havermale, Harriet  
STREET ADDRESS 6435 Colewood CT. N.W.  
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE TD  
NAME Fralish, Marvin  
STREET ADDRESS 4348 Tucker N. Court  
CITY-ST-ZIP Tucker, GA 30084 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE