

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90064 014 ****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
 US

00010638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

WILSON, ALEX
372 OYSTER COURT
SAINT AUGUSTINE FL 32084

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD WILSON, ALEX	<input type="checkbox"/> Delete
STREET ADDRESS	372 OYSTER COURT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE NAME	SD HAVERMALE, HARRIET	<input type="checkbox"/> Delete
STREET ADDRESS	6435 COLEWOOD CT. N.W.	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE NAME	TD FRALISH, MARVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4348 TUCKER N. COURT	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	TD William Carlson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1705 Bates Rd.	
CITY-ST-ZIP	Sinclairville, NY 14782	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: ALEX WILSON PRESIDENT 1/17/01 904/471-6947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)