

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90022 018 \*\*\*\*61.25

**DOCUMENT # 755074**

1. Entity Name

**SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8550 A1A SOUTH  
 ST.AUGUSTINE FL 32086  
 US

8550 A1A SOUTH  
 ST.AUGUSTINE FL 32086  
 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

7. Name and Address of New Registered Agent

**WILSON, ALEX**  
**372 OYSTER COURT**  
**SAINT AUGUSTINE FL 32084**

Name  
**GAIL A. GRISWOLD**

Street Address (P.O. Box Number is Not Acceptable)  
**207 VASSAR ROAD**

City  
**ST. AUGUSTINE**

**FL**

Zip Code  
**32086**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/3/02**  
 DATE

**4**

**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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**WILSON, ALEX**  
**372 OYSTER COURT**  
**SAINT AUGUSTINE FL 32084** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**HYDE, NANCY**  
**2569 REGENCY DRIVE**  
**TUCKER, GA 30084** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**HAVERMALE, HARRIET**  
**6435 COLEWOOD CT. N.W.**  
**ATLANTA GA 30328** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**WHEELER, BOB**  
**10560 BIG CANOE**  
**JASPER, GA 30143** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**CARLSON, WILLIAM**  
**1705 BATES RD**  
**SINCLAIRVILLE NY 14782** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**WILSON, ALEX**  
**372 OYSTER COURT**  
**SAINT AUGUSTINE, FL 32080** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/02**  
 Date

Daytime Phone #

CR2E037 (9/01)