

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0000496

**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



DO NOT WRITE IN THIS SPACE

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: *[Handwritten Signature]*  
Signature, typed or printed name of registered agent and title if applicable

DATE: **4/3/02**  
(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	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ALEX	
STREET ADDRESS	372 OYSTER COURT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAVERMALE, HARRIET	
STREET ADDRESS	6435 COLEWOOD CT. N.W.	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLSON, WILLIAM	
STREET ADDRESS	1705 BATES RD	
CITY-ST-ZIP	SINCLAIRVILLE NY 14782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, NANCY	
STREET ADDRESS	2569 REGENCY DRIVE	
CITY-ST-ZIP	TUCKER, GA 30084	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, BOB	
STREET ADDRESS	10560 BIG CANOE	
CITY-ST-ZIP	JASPER, GA 30143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALEX	
STREET ADDRESS	372 OYSTER COURT	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
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)(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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/3/02**  
Date

Daytime Phone #

CR2E037 (9/01)