

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90010 042 ****61.25

DOCUMENT # 755074

1. Entity Name

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



Principal Place of Business

**8550 A1A SOUTH
SAINT AUGUSTINE FL 32080
US**

Mailing Address

**8550 A1A SOUTH
SAINT AUGUSTINE FL 32080
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

**GRISWOLD, GAIL A
207 VASSAR ROAD EAST
SAINT AUGUSTINE FL 32086**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gail A. Griswold

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, BOB	
STREET ADDRESS	10560 BIG CANOE	
CITY-ST-ZIP	JASPER GA 30143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAY, DENNIS	
STREET ADDRESS	8550 A1A S. #4-30	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLSON, WILLIAM	
STREET ADDRESS	1705 BATES RD	
CITY-ST-ZIP	SINCLAIRVILLE NY 14782	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOANNE, BREEN	
STREET ADDRESS	8550 A1A S. 2-37	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
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	Mitchell, Bob	
STREET ADDRESS	7818 W. W. 22nd Lane	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VD	<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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANEMAN, CAROL	
STREET ADDRESS	8550 A1A S #406	
CITY-ST-ZIP	ST 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:

Carol Vaneman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04
Date

904-471-1990
Daytime Phone #