

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90045 017 ****61.25

DOCUMENT # 755074

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business - No P.O. Box #

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**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, KEITH
9 WOODGATE CT
ORMOND BEACH FL 32174**

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

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

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BREEN, NORM P
STREET ADDRESS 8550 A1A SOUTH 2-37
CITY- ST- ZIP SAINT AUGUSTINE FL 32080

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

TITLE ~~VP~~ Director ☐ Delete
NAME MERICLE, ROBERT
STREET ADDRESS 9079 JUNE LANE
CITY- ST- ZIP SAINT AUGUSTINE FL 32080

TITLE D. ☒ Change ☐ Addition
NAME mericle, Robert
STREET ADDRESS 9079 June Lane
CITY- ST- ZIP Saint Augustine, FL 32080

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

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

TITLE SD ☐ Delete
NAME VANEMAN, CAROL
STREET ADDRESS 8550 A1A S #406
CITY- ST- ZIP SAINT AUGUSTINE FL 32080

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V.P. ☐ Change ☒ Addition
NAME Don Coker
STREET ADDRESS 5319 Littlebrooke Ct.
CITY- ST- ZIP Dunwoody, GA 30338

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Keith Jones — Keith Jones, General Manager 1/18/07 904-471-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #