


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90053 013 ****61.25

DOCUMENT # **755074**

1. Entity Name
SUMMERHOUSE BEACH & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8550 A1A SOUTH
ST.AUGUSTINE FL 32086
US**

Mailing Address
**8550 A1A SOUTH
ST.AUGUSTINE FL 32086
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
8550 A1A S

Suite, Apt. #, etc.
8550 A1A S

City & State
St Augustine, FL

City & State
St Augustine, FL

Zip
32080

Country
US

Zip
32080

Country
US

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

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

7. Name and Address of New Registered Agent

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, Gail A. Griswold, General mgr.* DATE **3/26/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYDE, NANCY 2569 REGENCY DRIVE TUCKER GA 30084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHELLER, BOB 10560 BIG CANOE JASPER GA 30143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLSON, WILLIAM 1705 BATES RD SINCLAIRVILLE NY 14782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, ALEX 372 OYSTER COURT ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wheeler, Bob 10560 Big Canoe JASPER, GA 30143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAY, DENNIS 8550 A1A S. # 4-30 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREEN, JOANNE 8550 A1A S 2-37 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **3/26/03**

CR2E037 (10/02)