

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 18 PM 3:47

1. Name of Limited Partnership

1a. DOCUMENT #  
A15394

SUMMER BEACH, LTD.



012/29

Mailing Address

Principal Office Address

4700 AMELIA ISLAND PARKWAY  
AMELIA ISLAND FL 32034

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AMELIA ISLAND FL 32034

3. Date Formed or Registered

09/28/1983

5a. Capital Contributions as  
Shown on record.

\$7,752,500.00

3a. Date of Last Report

01/20/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

59-2314526

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

WINSTON, JAMES H.  
LPMC 645 RIVERSIDE AVENUE  
619 PENINSULAR PLAZA  
JACKSONVILLE FL 32204

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

100002728311-7

-12/31/98-01071-007

\*\*\*\*526.25 FL \*\*\*\*526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

FM AMELIA, INC.

250 KING OF PRUSSIA R

RADNOR PA

G54469

MICRAE AMELIA

1725 MEMORIAL PARK DR

JACKSONVILLE FL

SCOTT AMELIA

1725 MEMORIAL PARK DR

JACKSONVILLE FL

STOKES, E. CHESTER

9551 BAYMEADOWS ROAD

JACKSONVILLE FL

WINSTON, CHARLES

2209 CENTURY DRIVE

RALEIGH NC

WINSTON, JAMES H.

645 RIVERSIDE AVENUE

JACKSONVILLE FL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

X James H. Winston

DATE

X 12/14/98

Typed or Printed Name of General Partner Signing Form

James H. Winston

Daytime Telephone Number

(904) 358-7269

CR2E003 (8/98)