

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N17932 (7)

1. Corporation Name

SUMMER BEACH II COMMUNITY ASSOCIATION, INC.

APPROVED
AND
FILED

95 APR -6 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1890 S. 14TH ST., SUITE #105, PO BOX 1408, FERNANDINA BEACH FL 32034
Mailing Address: 1890 S. 14TH ST., SUITE #105, PO BOX 1408, FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1986**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-2858502**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2215 East SR 200**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23 Yulee FL**
Zip: **24 32097** Country: **25 US**

9. Name and Address of Current Registered Agent:
POWELL, TERRELL J.
1890 S. 14TH ST., SUITE #105
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2215 East SR 200
84 City Yulee FL **85 Zip Code 32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0502 Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WILLIAM
STREET ADDRESS	4715 YACHTMANS DR-
CITY- ST- ZIP	FERNANDINA BEACH FL
TITLE	DV
NAME	PRICE, JOHN
STREET ADDRESS	5456 FIRST COAST HWY
CITY- ST- ZIP	FERNANDINA BCH FL
TITLE	D
NAME	SANDS, JAMES U
STREET ADDRESS	5456 FIRST COAST HWY
CITY- ST- ZIP	FERNANDINA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE	
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRICE, JOHN	
2.3 STREET ADDRESS	5456 FIRST COAST HWY	
2.4 CITY- ST- ZIP	FERNANDINA BEACH FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Black, Cliff	
4.3 STREET ADDRESS	1652 Regatta Drive	
4.4 CITY- ST- ZIP	Fernandina Beach FL 32034	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cliff Black*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

3-17-95 (904) 277-8540
Date Telephone Number