

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17932 (7)
1. Corporation Name

SUMMER BEACH II COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **2215 EAST SR 200**
~~PO BOX 1408~~
YULEE FL 32097 US

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

3. Date Incorporated or Qualified: **11/24/1986**
3a. Date of Last Report: **04/06/1995**

21	2. Principal Place of Business 2215 East SR 200	26	2a. Mailing Address P O Box 1987	4.	FEI Number 59-2858502	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Yulee FL	28	City & State Yulee FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32097	25	Country US	29	Zip 32097-1987	30	Country US

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, TERRELL J. 2215 EAST SR 200 YULEE FL 32097				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NAME: Registered Agent signature required when retreating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JOHN	12 NAME	
STREET ADDRESS	5456 FIRST COAST HWY	13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, JAMES U	22 NAME	
STREET ADDRESS	5456 FIRST COAST HWY	23 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	24 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, CLIFF	32 NAME	BLACK, CLIFTON J.
STREET ADDRESS	1652 REGATTA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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: J. Clifton Black **J. CLIFTON BLACK** **3/16/96** **277-8540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)