## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17932

Apr 07, 2008 Secretary of State

Entity Name: SUMMER BEACH II COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

463499 STATE ROAD 200 YULEE, FL 32097 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 1987

YULEE, FL 320411987 US

**OFFICERS AND DIRECTORS:** 

FEI Number: 59-2858502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200 YULEE, FL 32097

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

FERNANDINA BEACH, FL 32034 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FERNANDINA BEACH, FL 32034 US

() Delete () Change () Addition

FISHER, ROBERT M. Name: Name:

1590 REGATTA DRIVE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip:

Title: STD ( ) Delete Title: T/D (X) Change ( ) Addition

ZACHEIS, CARL Name: ZACHEIS, CARL Name: Address: 4712 RIGGING DRIVE Address: 4712 RIGGING DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: V/D () Delete Title: VP/D (X) Change ( ) Addition MARTENS, ROBERT T SPECK, NANCY Name: Name:

Address: 1668 RIGGING WAY Address: 95357 CAPTAIN'S WAY

City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: ( ) Delete Title: S/D (X) Change ( ) Addition

Name: SPECK, NANCY O Name: KURTZ, LINDA Address:

95357 CAPTAIN'S WAY Address: 95485 CAPTAIN'S WAY City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: () Delete Title: (X) Change ( ) Addition KURTZ, LINDA B PINEAULT, NORM Name: Name:

95485 CAPTAIN'S WAY 1660 REGATTA DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TERRELL J POWELL RΑ 04/07/2008