

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 017 ****61.25

DOCUMENT # N18869 1. Entity Name SUMMER SANDS ASSOCIATION, INC.					
Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250 US			Mailing Address MARVIN REAL ESTATE P.O. BOX 330026 ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address P.O. Box 330026 Suite, Apt. #, etc.			
City & State Atlantic Beach FL Zip 32233		City & State Atlantic Beach FL Zip 32233		4. FEI Number 59-2759505 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name MARVIN + Floyd Realty, Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233	
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 MARVIN + Floyd Realty, Inc <i>[Signature]</i> 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, FREDERICK 130 SAND CASTLE WAY NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Podzamsky, John 117 Sand Castle Way Neptune Beach, FL 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPPORT, JOEL 1554 SANDOLLAR CIR NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rapoport, Joel 1554 Sandollar Cir. Neptune Beach, FL 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARUSH, WILLIAM 304 SUNRISE CIRCLE NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rogers, Wendy 138 Sand Castle Way Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODZANSKY, JOHN 117 SAND CASTLE WY NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Furkay, Cecelia 1450 Spradritt Lane Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMINS, M. DEBORAH 106 SAND CASTLE WY NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slotterbaugh, Elva 125 Sand Castle Way Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Evans, Barbara Wynne 1535 Summer Sands Drive Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					