

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90278 042 ****61.25

DOCUMENT # N29215

1. Entity Name
SUMMER ISLAND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**% MAY MANAGEMENT SERVICES, INC.
5455 AIA SOUTH
ST AUGUSTINE, F; 32080**

Mailing Address
**% MAY MANAGEMENT SERVICES, INC.
5455 AIA SOUTH
ST AUGUSTINE, F; 32080**

50023020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2976381

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, ANNA M
C/O MAY MGMT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32086**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KLIDJIAN, ARA
STREET ADDRESS 9217 JULY LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE S ☒ Delete
NAME FELHEIM, ROBERT
STREET ADDRESS 9154 AUGUST CIRLCE
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE ~~VB~~ S ☐ Delete
NAME O'CONNOR, CAROLYN
STREET ADDRESS 9212 JULY LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE T ☐ Delete
NAME MERICLE, ROBERT
STREET ADDRESS 9079 JUNE LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE D ☐ Delete
NAME SCHNEIDER, EDWARD
STREET ADDRESS 9277 JULY LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE YP ☐ Change ☒ Addition
NAME BEYMER, RONALD
STREET ADDRESS 9229 JULY LANE
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

TITLE S ☒ Change ☐ Addition
NAME O'CONNOR CAROLYN
STREET ADDRESS 9212 JULY LN.
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05