

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 035 ****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**

60019040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2976381

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
O'CONNOR, CAROLYN
9212 JULY LANE
ST. AUGUSTINE, FL 32080** ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT William
BU-KENT, William
9112 JUNE LANE
ST. AUGUSTINE FL 32080** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BEYMER, HOWARD
9225 JULY LANE
ST. AUGUSTINE FL 32080** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARLEY, Bill
9119 JUNE LANE
ST. AUGUSTINE FL 32080** ☐ Change ☒ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #