
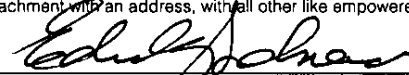


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90030 036 \*\*\*\*61.25

<b>DOCUMENT # N29215</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKETT, WILLIAM		NAME		
STREET ADDRESS	9162 JUNE LN		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNIEDER, EDWARD		NAME		
STREET ADDRESS	9277 JULY LN		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUPOLO, STEVEN		NAME		
STREET ADDRESS	9299 JULY LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRILLO, CARL		NAME		
STREET ADDRESS	106 NW 2 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, EDWARD		NAME	Dave Heyrend	
STREET ADDRESS	9277 JULY LANE		STREET ADDRESS	9127 June Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Thomas Scheirer	
STREET ADDRESS			STREET ADDRESS	9213 July Lane	
CITY-ST-ZIP			CITY-ST-ZIP	St. Augustine FL 32080	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 49, 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40024263



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2976381

Applied For  
Not Applicable

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