

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29215

FILED
Apr 01, 2009
Secretary of State

Entity Name: SUMMER ISLAND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

% MAY MANAGEMENT SERVICES, INC.
5455 AIA SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

% MAY MANAGEMENT SERVICES, INC.
5455 AIA SOUTH
ST AUGUSTINE, FL 32080

FEI Number: 59-2976381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: BUCKETT, WILLIAM
Address: 9162 JUNE LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: SCHNIEDER, EDWARD
Address: 9277 JULY LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: CUPOLO, STEVEN
Address: 9299 JULY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: CARRILLO, CARL
Address: 106 NW 2 AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: HEYREND, DAVE
Address: 9127 JUNE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete
Name: SCHEIRER, THOMAS
Address: 9213 JWY LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHNIEDER, EDWARD
Address: 9277 JULY LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: CUPOLO, STEVEN
Address: 9299 JULY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCHEIRER, THOMAS
Address: 9213 JWY LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

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.

SIGNATURE: THOMAS SCHEIRER

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date