

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29215

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** SUMMER ISLAND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: D  
Name: SCHNIEDER, EDWARD  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP  
Name: CUPOLO, STEVEN  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: CARRILLO, CARL  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T  
Name: HEYREND, DAVE  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P  
Name: SCHEIRER, THOMAS  
Address: 5455 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: DAVE HEYREND

T

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date