

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 APR -6 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45036 (3)

1. Corporation Name
SEA WATCH AT SUMMER BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P. O. BOX 1408 1890 S. 14TH STREET, SUITE 105
FERNANDINA BCH. FL 32035-1408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1991** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-3100538** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2215 East SR 200** 26 **P O Box 1408**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
23 City & State 28 City & State
Yulee FL **Fernandina Beach FL**
24 Zip 25 Country 29 Zip 30 Country
32097 US **32035-1408 US**

9. Name and Address of Current Registered Agent
**POWELL, TERRELL J.
PROPERTY MANAGEMENT SYSTEMS
1890 SO. 14TH ST., STE. 105
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2215 East SR 200
83
84 City **Yulee FL** 85 Zip Code **32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SANDS, JAMES U.	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5456 FIRST COAST HWY.	1 2 NAME	
STREET ADDRESS	FERNANDINA BCH. FL	1 3 STREET ADDRESS	
CITY - ST - ZIP		1 4 CITY - ST - ZIP	
TITLE	DV PRICE, JOHN	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5456 FIRST COAST HWY.	2 2 NAME	DELETE
STREET ADDRESS	FERNANDINA BCH. FL	2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	DST KORSOG, KEITH	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5456 FIRST COAST HWY.	3 2 NAME	
STREET ADDRESS	FERNANDINA BCH. FL	3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	D MCMULLAN, MARILYN	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3445 EDGEWOOD CIR., N.W.	4 2 NAME	DELETE
STREET ADDRESS	CLEVELAND TN	4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5 2 NAME	Feeser, Donald
STREET ADDRESS		5 3 STREET ADDRESS	4934 Sea Watch Drive
CITY - ST - ZIP		5 4 CITY - ST - ZIP	Fernandina Beach FL 32034
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X James U. Sands* **JAMES U. SANDS** 3/23/95 904-261-0624
DATE: _____ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR