

2000 UNIFORM BUSINESS REPORT (UBR)

1.

DOCUMENT # N97000003610

1. Entity Name

SUMMERLAND BEACH NEIGHBORHOOD ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-27-2000 90113 020 ****61.25

Principal Place of Business

25359 2ND STREET
SUMMERLAND KEY FL 33042

Mailing Address

PO BOX 421236
SUMMERLAND KEY FL 33042-1236

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

650813371

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN D. GREENMAN, P.A.
5800 OVERSEAS HIGHWAY, SUITE 40
MARATHON FL 33050

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME GRIER, NELSON B
STREET ADDRESS 25359 2ND STREET
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE D ☒ Delete
NAME GRIER, RENEE S
STREET ADDRESS 25359 2ND STREET
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE D ☒ Delete
NAME HOUSE, PETER K
STREET ADDRESS PO BOX 420331
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE D ☐ Delete
NAME HOELTER, KURT
STREET ADDRESS 477 WESTSHORE DR
CITY-ST-ZIP SUMMERLAND KEY FL

TITLE D ☐ Delete
NAME DEMARIA, KAREN
STREET ADDRESS 369 WESTSHORE DR
CITY-ST-ZIP SUMMERLAND KEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME Terry Graham
STREET ADDRESS 25074 45th St.
CITY-ST-ZIP Summerland Key FL 33042

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

TITLE ☐ Change ☐ Addition
NAME Karen DeMaria
STREET ADDRESS PO Box 420975 (mailing address)
CITY-ST-ZIP Summerland Key FL 33042

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

305 745 3045
Karen Kennedy DeMaria

1-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)