


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 043 ****61.25

DOCUMENT # N00000007721 1. Entity Name SOUTH BEACH AT FLAGLER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % MAY MGMT 5455 A1A S SAINT AUGUSTINE, FL 32080	Mailing Address 5455 A1A SOUTH ST AUGUSTINE, FL 32080
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3756559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAY MGMT SERVICES INC 5455 A1A SO SAINT AUGUSTINE, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAWLOSKI, GLEN 6896 SYLVAN WOOD DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAWLOWSKI, GLEN 6896 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSKI, GREG 2024 BLUEBONNET WAY ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEBHARDT, DIANE 152 DEEP WOODS WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, GEORGE 713 PEPPER VINE AVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOKES, PAUL 234 NANOINA TERR WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Greg Walski** **1-27-2008** **904-386-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #