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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001109

1. Corporation Name
SYMPHONY BEACH CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business
 453 SOUTH ATLANTIC AVE.
 ORMOND BEACH FL 32176

Mailing Address
 453 SOUTH ATLANTIC AVE.
 ORMOND BEACH FL 32176



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3371409	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HORGAN, MARIE 453 SOUTH ATLANTIC AVE. ORMOND BEACH FL 32176				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATTNER, JOSEPH	1.2 NAME	EDWARD KLEM
STREET ADDRESS	453 S. ATLANTIC AVE.	1.3 STREET ADDRESS	453 S. ATLANTIC AVE
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	DVT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREESE, RICHARD J	2.2 NAME	MARIE HORGAN
STREET ADDRESS	453 S. ATLANTIC AVE.	2.3 STREET ADDRESS	453 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	DVS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, DENNIS	3.2 NAME	MARILYN WHELAN
STREET ADDRESS	453 S. ATLANTIC AVE.	3.3 STREET ADDRESS	453 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	ORMOND BEACH FL. 32176
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARIE HORGAN* SECRETARY 4/16/99 904-672-7313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)