

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001109

1. Entity Name

SYMPHONY BEACH CLUB CONDOMINIUM ASSOCIATION, INC

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90149 008 ****61.25

Principal Place of Business 453 SOUTH ATLANTIC AVE. ORMOND BEACH FL 32176	Mailing Address 453 SOUTH ATLANTIC AVE. ORMOND BEACH FL 32176-7127
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3371409	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				7. Name and Address of New Registered Agent					
HORGAN, MARIE 453 SOUTH ATLANTIC AVE. ORMOND BEACH FL 32176				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEM, EDWARD			NAME			
STREET ADDRESS	453 S. ATLANTIC AVE.			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORGAN, MARIE			NAME			
STREET ADDRESS	453 S. ATLANTIC AVE.			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHELAN, MARILYN			NAME			
STREET ADDRESS	453 S. ATLANTIC AVE.			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *MARIE HORGAN* **MARIE HORGAN** 4/6/00 904 672 7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #