


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001109</b>		
1. Entity 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	
<b>DO NOT WRITE IN THIS SPACE</b>		



08122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3371409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HORGAN, MARIE  
 453 SOUTH ATLANTIC AVE.  
 ORMOND BEACH, FL 32176

**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: M. Whelan DT (NOTE: Registered Agent's signature required when changing) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGAN, TOM 453 S. ATLANTIC AVE. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORGAN, MARIE 453 S. ATLANTIC AVE. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHELAN, MARILYN 453 S. ATLANTIC AVE. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: M. Whelan D.T. Marilyn Whelan 8/20/04 386 672 7313

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