

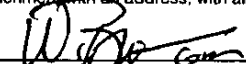


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90082 047 \*\*\*\*61.25

<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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3371409	
				Applied For 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 <u>David Ross</u> Street Address (P.O. Box Number is Not Acceptable) <u>453 S. Atlantic Ave</u> City <u>Ormond Beach FL FL</u> Zip Code <u>32176</u>		
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 				DATE <u>4/30/7</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida 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	ROSS, DAVID	NAME			
STREET ADDRESS	453 SOUTH ATLANTIC AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HORGAN, MARIE	NAME	<u>DVS Douglas Davidson</u>		
STREET ADDRESS	453 S. ATLANTIC AVE.	STREET ADDRESS	<u>453 S. Atlantic Ave</u>		
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP	<u>Ormond Beach FL 32176</u>		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARTAGLIA, DIANE	NAME			
STREET ADDRESS	453 SOUTH ATLANTIC AVENUE	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			
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 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: 				DATE <u>4/30/7</u> 3866727373	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	