

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005708

1. Corporation Name  
**SOUTH BEACH CONDOMINIUM OWNERS ASSOCIATION INC.**  
~~2215 E. STATE RD 200~~

Principal Place of Business  
**2215 E. STATE RD 200**  
**YULEE, FL 32097**

Mailing Address  
**P.O. BOX 1987**  
**YULEE, FL 32097**

3. Date Incorporated or Qualified **12/4/95**      3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>APPLIED FOR</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	25. Country	28. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**TERRELL J. POWELL**  
**2215 E. STATE RD 200**  
**YULEE, FL 32097**

81. Name <b>TERRELL J. POWELL</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>2215 E. STATE RD 200</b>
83. City	84. Zip Code
<b>YULEE</b>	<b>FL 32097</b>

11. 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: *Terrell J. Powell*      DATE: **3.5.96**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PETER O. HAYES</b>	1.2 NAME	
STREET ADDRESS	<b>360 BEACH BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32223</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D THELON B. CHASTAIN</b>	2.2 NAME	
STREET ADDRESS	<b>1224 SOUTH FIRST ST #2-B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL 32250</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RONALD L. SWAFFORD</b>	3.2 NAME	
STREET ADDRESS	<b>1224 SOUTH FIRST ST #3-A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Peter O. Hayes*      **PETER O. HAYES**      **3/6/96**      **(904) 249-8684**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **SC 320-96**

CR2E037 (12/95)