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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005708 (1)

1. Corporation Name

SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

2215 E STATE RD 200  
YULEE FL 32097

P.O. BOX 1987  
YULEE FL 32041-1987



3. Date Incorporated or Qualified  
12/04/1995

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

APPLIED FOR 59 3362969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME CHASTAIN, THELTON B  
STREET ADDRESS 1224 S FIRST ST #2B  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

1.1 TITLE D  Change  Addition  
1.2 NAME DEBORAH A. CHANDLER  
1.3 STREET ADDRESS 1224 S. FIRST ST. #3-A  
1.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D  DELETE  
NAME HAYES, PETER O  
STREET ADDRESS 360 BEACH AVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32223

2.1 TITLE D  Change  Addition  
2.2 NAME PAT PAPA  
2.3 STREET ADDRESS 1224 S. FIRST ST. 3-C  
2.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D  DELETE  
NAME SWAFFORD, RONALD L SR  
STREET ADDRESS 1224 S FIRST ST #2B  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

3.1 TITLE D  Change  Addition  
3.2 NAME RONALD L. SWAFFORD  
3.3 STREET ADDRESS 1224 S. FIRST ST #3-A  
3.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Signature and typed or printed name of signing officer or director: Deborah A. Chandler 3/197

Date

781-6008

Devtime Phone # 00000000

CR2E037 (9/96)