

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 2215 E STATE RD 200 YULEE FL 32097 | Mailing Address P.O. BOX 1987 YULEE FL 32097 |
|--|--|

3. Date Incorporated or Qualified
12/04/1995

| | |
|------------------------------------|--|
| 4. FEI Number 59-3362969 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**POWELL, TERRELL J
2215 E STATE RD 200
YULEE FL 32097**

10. Name and Address of New Registered Agent

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME CHANDLER, DEBORAH A | | 1.2 NAME | D TOM EVERIDGE JR |
| STREET ADDRESS 1224 SO FIRST ST. STE 3-A | | 1.3 STREET ADDRESS | 1224 SOUTH FIRST STREET 1-C |
| CITY-ST-ZIP JACKSONVILLE BEACH FL | | 1.4 CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME PAPA, PAT | | 2.2 NAME | D MARTHA SWAFFORD |
| STREET ADDRESS 1224 SO FIRST ST. STE 3-C | | 2.3 STREET ADDRESS | 1224 SOUTH FIRST STREET 3-A |
| CITY-ST-ZIP JACKSONVILLE BE | | 2.4 CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SWAFFORD, RONALD L | | 3.2 NAME | D Martha Ann Everidge |
| STREET ADDRESS 1224 SO FIRST ST. STE 3-A | | 3.3 STREET ADDRESS | 1224 South First St. 1-C |
| CITY-ST-ZIP JACKSONVILLE BEACH FL | | 3.4 CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| 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 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: *X Tom Everidge Jr* 3/19/97 249 8/81

CR2E037 (10/97)