


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90112 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005708**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/04/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3362969
City & State 23	City & State 28	Applied For Not Applicable.
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVERIDGE, TOM JR		1.2 NAME John V. Gaidieri, III	
STREET ADDRESS 1224 S FIRST ST STE 1C		1.3 STREET ADDRESS 1224 S. First St, #3-C	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP Jacksonville Beach, FL 32250	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SWAFFORD, MARTHA		2.2 NAME Charles W. Sellers	
STREET ADDRESS 1224 S FIRST ST STE 3A		2.3 STREET ADDRESS 4142 Seabreeze Dr.	
CITY-ST-ZIP JACKSONVILLE BE-32550		2.4 CITY-ST-ZIP Jacksonville, FL 32250	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVERIDGE, MARTHA ANN		3.2 NAME Deborah Rost	
STREET ADDRESS 1224 S FIRST ST STE 1C		3.3 STREET ADDRESS 1224 S. First St. # 1B	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 4-8-99 904-263-4611

CR2E037-(11/98)