

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90041 029 ****61.25

DOCUMENT # N95000005708

1. Entity 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

2. Principal Place of Business

1835 N 3rd Street

3. Mailing Address

P O Box 330507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

Atlantic Beach

4. FEI Number

59-3362969

Applied For

Not Applicable

Zip

32250

Country

Zip

32233

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Sonia Maroin**

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

1835 N 3rd Street

City **Jacksonville**

FL

Zip Code

32250

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.

SIGNATURE

Sonia M Maroin

Sonia M Maroin, MANAGER

2-5-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALDIERI, JOHN V III	
STREET ADDRESS	1224 S. FIRST ST, #3-C	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	SELLERS, CHARLES W	
STREET ADDRESS	4142 SEABREEZE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROST, DEBORAH	
STREET ADDRESS	1224 S. FIRST ST, #1B	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Lynda E.	
STREET ADDRESS	1724 S 1st Street	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, Charles W	
STREET ADDRESS	4142 Seabreeze Dr	
CITY-ST-ZIP	Jacksonville, FL 32250	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Robert G	
STREET ADDRESS	879 Queen's Harbor Blvd	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 employees.

SIGNATURE:

Charles W Sellers

Charles W Sellers

2-5-00

249-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)