

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90017 049 ****61.25

0012707

DOCUMENT # N95000005708

1. Entity Name

SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC

Principal Place of Business

1835 N 3RD ST
 JACKSONVILLE BEACH FL 32250

Mailing Address

PO BOX 330507
 ATLANTIC BEACH FL 32233

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3362969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARVIN, SONIA
1835 N 3RD ST
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Marvin

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

TITLE **D** Delete
 NAME **SMITH, LYNDA E**
 STREET ADDRESS **12245 1ST ST**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **PD** Delete
 NAME **SELLERS, CHARLES W**
 STREET ADDRESS **4142 SEABREEZE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **D** Delete
 NAME **OBRIEN, ROBERT G**
 STREET ADDRESS **829 QUEEN'S HARBOR BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** Change Addition
 NAME **Haselden, Edward**
 STREET ADDRESS **1224 S. 1st Street, # 2-C**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **S/D** Change Addition
 NAME **Conway, Richard**
 STREET ADDRESS **1224 S. 1st Street, # 3-C**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 empowered.

SIGNATURE:

C.W. Sellers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

Daytime Phone #

CPRE037 (10/00)