

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91542 044 \*\*\*\*61.25

**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

2. Principal Place of Business

**Marvin Real Estate**

Suite, Apt. #, etc.  
 1835 N. 3rd. St.

City & State  
**Jax Beach FL**

Zip  
**32250**

Country  
**USA**

3. Mailing Address

**Marvin Real Estate**

Suite, Apt. #, etc.  
 P.O. Box 330026

City & State  
**Atlantic Beach FL**

Zip  
**32233**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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

**CHANGE OF ADDRESS:**  
~~P.O. BOX 330026~~  
**ATLANTIC BEACH FL 32233**

*Disregard*

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 H. Marvin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-27-02*

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HASELDEN, EDWARD</b> <b>1224 S 1ST STREET #2-C</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SELLERS, CHARLES W</b> <b>4142 SEABREEZE DR</b> <b>JACKSONVILLE FL: 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>CONWAY, RICHARD</b> <b>1224 S 1ST STREET #3-C</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Sellers, Charles W.</b> <b>1224 1st St. S. Unit 2A</b> <b>Jax Beach FL 32250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sellers, Colette</b> <b>1224 1st St. S. Unit 2A</b> <b>Jax Beach FL. 32250</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Everidge, Herman</b> <b>1224 1st. St. S. unit 1C</b> <b>Jax Beach FL 32250</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward Haselden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-27-02* *904 242-0684*

Date

Daytime Phone #

CR2E037 (9/01)