



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N95000005708 1. Entity Name SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 240 14TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	Mailing Address PO BOX 330026 ATLANTIC BEACH, FL 32233
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DO NOT WRITE IN THIS SPACE

	
04232007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3362969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, FRANK
240 14TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASELDEN, EDWARD 1224 S 1ST STREET #2-C JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELLERS, CHARLES W 1224 1ST ST S. UNIT 2A JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONWAY, RICHARD 1224 S 1ST STREET #3-C JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, COLETTE 1224 1ST S. UNIT 2A JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERIDGE, HERMAN 1224 1ST ST S. UNIT 1C JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80027-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:  _____
Daytime Phone # _____