

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

0005214

**DOCUMENT # N95000005708**

1. Entity Name

**SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC**



04-21-2003 90370 036 \*\*\*\*61.25

Principal Place of Business <b>MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH FL 32250</b>
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10/12/03



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 330026</b>	
City & State		City & State <b>Atlantic Beach FL</b>	
Zip	Country	Zip	Country
<b>32233</b>		<b>32233</b>	<b>U.S.</b>

4. FEI Number <b>59-3362969</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HASELDEN, EDWARD</b>	
STREET ADDRESS	<b>1224 S 1ST STREET #2-C</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SELLERS, CHARLES W</b>	
STREET ADDRESS	<b>1224 1ST ST S. UNIT 2A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CONWAY, RICHARD</b>	
STREET ADDRESS	<b>1224 S 1ST STREET #3-C</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELLERS, COLETTE</b>	
STREET ADDRESS	<b>1224 1ST S. UNIT 2A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVERIDGE, HERMAN</b>	
STREET ADDRESS	<b>1224 1ST ST S. UNIT 1C</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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 empowered.

SIGNATURE: *Charles W Sellers* **REQUIRED** 4-18-03

CR2E037 (10/02)