


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90011 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9800000078

1. Corporation Name
SOUTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O FREDERICK W. CARLSON 2409 PINE ISLAND COURT JACKSONVILLE FL 32224	Mailing Address C/O FREDERICK W. CARLSON 2409 PINE ISLAND COURT JACKSONVILLE FL 32224
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59 3487226
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CARLSON, FREDERICK W 2409 PINE ISLAND TRAIL JACKSONVILLE FL 32224	10. Name and Address of New Registered Agent 81 Name <u>Munch, Donald</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>10036 Sawgrass Dr. Suite 3</u> 83 84 City <u>Porte Vedia Beach</u> FL 85 Zip Code <u>82082</u>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Donald Munch Registered Agent DATE 3/31/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLSON, FRED		1.2 NAME	
STREET ADDRESS 2409 PINE ISLAND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, KEVIN		2.2 NAME	
STREET ADDRESS 2409 PINE ISLAND COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, MICHAEL		3.2 NAME	
STREET ADDRESS 2409 PINE ISLAND COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE 3/31/99 DAYTIME PHONE # 704 759 7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)