

2000 UNIFORM BUSINESS REPORT (UBR)

0006465

DOCUMENT # N98000000078
 1. Entity Name
SOUTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 20 PM 2:20

Principal Place of Business Mailing Address
 C/O FREDERICK W. CARLSON C/O FREDERICK W. CARLSON
 2409 PINE ISLAND COURT 2409 PINE ISLAND COURT
 JACKSONVILLE FL 32224 JACKSONVILLE FL 32224-3102



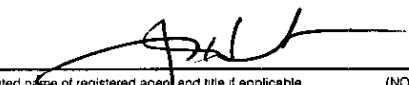
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2180 W SR 434		3. Mailing Address 2180 W SR 434	
Suite, Apt. #, etc. STE 5000		Suite, Apt. #, etc. STE 5000	
City & State LONGWOOD FL		City & State LONGWOOD FL	
Zip 32779	Country US	Zip 32779	Country US

4. FEI Number 59-3487226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DONALD, MUNCH
 10036 SAW GRASS DR STE 3
 PONTE VERDE FL 32082

7. Name and Address of New Registered Agent
 Name
HART, JAMES W JR
 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
 City
LONGWOOD **FL** Zip Code
32779

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  DATE 1/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, FRED 2409 PINE ISLAND COURT JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, KEVIN 2409 PINE ISLAND COURT JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LISA 3125 1ST ST JACKSONVILLE FL 32224	<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	PD CARLSON, KEVIN 386 STH 1ST ST JACKSONVILLE BCH FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLER, LISA 374 SOUTH 1ST ST JACKSONVILLE BCH FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 382 STH 1ST ST JACKSONVILLE BCH FL 32250	<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		<input type="checkbox"/> Change <input 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:  DATE 3/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/99)