

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 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 32224-3102
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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

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
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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

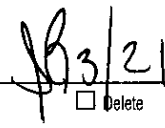
SIGNATURE  DATE 1/18/00

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. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	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	D CARLSON, KEVIN 2409 PINE ISLAND COURT JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete	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	D MILLER, LISA 3125 1ST ST JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	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"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003183240--5 -03/24/00--01076--022 ****61.25 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Date Daytime Phone #

CP2E037 (9/99)