

2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 21, 2001 8:00 am
Secretary of State

04-23-2001 90169 032 ****61.25

DOCUMENT # N00000007721

1. Entity Name

SOUTH BEACH AT FLAGLER CONDOMINIUM ASSOCIATION,

Principal Place of Business

6620 SOUTHPOINT DRIVE SOUTH
 SUITE 400
 JACKSONVILLE FL 32216

Mailing Address

6620 SOUTHPOINT DRIVE SOUTH
 SUITE 400
 JACKSONVILLE FL 32216

2. Principal Place of Business

1 Old Kings Rd. South

Suite, Apt. #, etc.

Suite 2

City & State

Palm Coast, Fl.

Zip

32137

Country

US

3. Mailing Address

1 Old Kings Rd. South

Suite, Apt. #, etc.

Suite 2

City & State

Palm Coast, Fl.

Zip

32137

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUSS, JOHN S IV
 10110 SAN JOSE BLVD.
 JACKSONVILLE FL 32257**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	President	<input type="checkbox"/> Delete
NAME	Clinton F. Smith	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Roger Gannon	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete
NAME	Ted Crocker	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Clinton F. Smith	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Roger Gannon	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T Ted Crocker	
STREET ADDRESS	1 Old Kings Rd. South, Suite 2	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clinton F. Smith
Pres.

Date

4/09/01

Daytime Phone #

(904) 332-5267

CR2E037 (10/00)