

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007721

Entity Name

SOUTH BEACH AT FLAGLER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OLD KINGS RD SOUTH STE 2  
PALM COAST FL 32137

1 OLD KINGS RD SOUTH STE 2  
PALM COAST FL 32137

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, CLINTON F 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	<input type="checkbox"/> Delete
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GANNON, ROGER 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	<input type="checkbox"/> Delete
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROCKER, TED 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	<input type="checkbox"/> Delete
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
6. 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	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Clinton F. Smith.

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

02-20-2002 90125 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)