

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 049 ****61.25

DOCUMENT # N00000007721

1. Entity Name
**SOUTH BEACH AT FLAGLER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1 OLD KINGS RD SOUTH STE 2
PALM COAST, FL 32137**

Mailing Address
**5455 AIA SOUTH
ST AUGUSTINE, FL 32080**

54016252



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3756559

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **MAY MANAGEMENT SERVICES INC**
Street Address (P.O. Box Number is Not Acceptable)
5455 AIA SD
City **ST AUGUSTINE** FL Zip Code **32080**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CYNTHIA H. O'NEIL** **TREASURER 3/29/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
CORFMAN, ALLEN
STREET ADDRESS **3651 S. CENTRAL AVE, UNIT 205**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
PAWLOWSKI, GLEN
STREET ADDRESS **6896 SYLVAN WOODS DR**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
WALSKI, GREG
STREET ADDRESS **2024 BLUEBONNET WAY**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
GEBHARDT, DIANE
STREET ADDRESS **152 DEEP WOODS WAY**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
SABATINO, BETTY
STREET ADDRESS **3651 S. CENTRAL AVE, UNIT 110**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: **Tres Greg Walski** **3/9/04** **904-396-5575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #