


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90144 030 \*\*\*\*61.25

**DOCUMENT # N00000007721**

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



Principal Place of Business      Mailing Address

1 OLD KINGS RD SOUTH STE 2      5455 AIA SOUTH  
 PALM COAST, FL 32137              ST AUGUSTINE, FL 32080



02182005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3756559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MGMT SERVICES INC  
 5455 A1A SO  
 SAINT AUGUSTINE, FL 32080

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORFMAN, ALLEN 3651 S. CENTRAL AVE, UNIT 205 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAWLOWSKI, GLEN 6896 SYLVAN WOODS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSKI, GREG 2024 BLUEBONNET WAY ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEBHARDT, DIANE 152 DEEP WOODS WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATINO, BETTY 3651 S. CENTRAL AVE, UNIT 110 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Greg Walski*      *Greg Walski*      *3/2/05*      *904-396-5575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #