

**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

**1 OLD KINGS RD SOUTH STE 2
PALM COAST, FL 32137**

Mailing Address

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



02182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3756559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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