

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 027 ****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**

40044340



03242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

**410 MAY MGMT
5455 AIA SOUTH**

3. Mailing Address

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

City & State

Zip
32080

Country
USA

Zip

Country

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 AIA SO
SAINT AUGUSTINE, FL 32080**

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. 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, 2006**

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GLEN PAWLOWSKI
6896 SYLVAN WOODS DR
SANFORD FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PAUL STOKES
239 NANOJA TERA
WINTER SPRINGS, FL 32708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEORGE ROBINSON
713 PEPPER VINE AVE
JACKSONVILLE FL 32259** ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/30/06

Date

904-396-5575

Daytime Phone #