

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-17-2003 90179 024 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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

FILE NOW: FEE IS \$61.25

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 SMITH, CLINTON F 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GANNON, ROGER 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROCKER, TED 1 OLD KINGS RD SOUTH STE 2 PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	PRESIDENT - D ALLEN CORFMAN 3651 SOUTH CENTRAL AVENUE, UNIT 205 FLAGLER BEACH, FL 32137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D GLEN PAWLOWSKI 6896 SYLVAN WOODS DRIVE SANFORD, FL 32711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - D GREG WALSKI 2024 BLUEBONNET WAY ORANGE PARK, FL 32063	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - D DIANE GERHARDT 152 DEEP WOODS WAY ORLANDO BEACH, FL 32174	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - D BETTY SABATINO 3651 SOUTH CENTRAL AVENUE, UNIT 110 FLAGLER BEACH, FL 32137	☐ 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 exemption stated in Section 119.07(3)(f), 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 #

CR2E037 (10/02)