

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

FILED
Mar 17, 2005 08:00 AM
— Secretary of State

DOCUMENT # N00451

1. Entity Name
2320 SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2320 SOUTH THIRD STREET
SUITE #9
JACKSONVILLE BEACH, FL 32250

Mailing Address
2320 SOUTH THIRD STREET
SUITE #9
JACKSONVILLE BEACH, FL 32250



02222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2465958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BING, KEVIN
2320 SOUTH THIRD STREET SUITE 9
JACKSONVILLE BEACH, FL 32250

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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	SD
NAME	KEVIN, BING J
STREET ADDRESS	2320 S. THIRD ST., SUITE 9
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250
TITLE	TD
NAME	AUSTIN, STEVE
STREET ADDRESS	2320 S. THIRD S STE 7
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250
TITLE	PD
NAME	MOORE, MICHAEL
STREET ADDRESS	2320 S THIRD STREET, STE. 14
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VD
NAME	DYMER, DONALD
STREET ADDRESS	2320 S THIRD ST, STE. 8
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000266120
03/17/05-R0018-006 61.25

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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)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05 (904) 241-2340

Date

Daytime Phone #