

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 013 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

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, 2006**

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  
SD  
KEVIN, BING J  
2320 S-THIRD ST., SUITE-9-  
JACKSONVILLE BCH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
AUSTIN, STEVE  
2320 S. THIRD S STE 7  
JACKSONVILLE BCH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MOORE, MICHAEL  
2320 S THIRD STREET, STE. 14  
JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DYMER, DONALD  
2320 S THIRD ST, STE. 8  
JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #