

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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



04042008 No Chg-NP CR2E037 (4/06)

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000886135
04/18/08-80043-019 61.25

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

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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

4-4-08
Date

904-246-6444
Daytime Phone #