


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 009 ****61.25

DOCUMENT # N02000009309	
1. Entity Name ARMAND BEACH ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8 OCEAN DUNE CIR PALM COAST, FL 32137	Mailing Address PO BOX 350668 PALM COAST, FL 32137
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50002542




01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2097192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SERMARIN, JOSEPH I 8 OCEAN DUNE CIR PALM COAST, FL 32137	DO NOT WRITE IN THIS SPACE
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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  JOSEPH T. SERMARINI	1/12/05 DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERMARIN, JOSEPH I PO BOX 350668 PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOYCE, JOHN M PO BOX 350668 PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, WHIT PO BOX 350668 PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:  JOSEPH T. SERMARINI	1/12/05 Date	386 4453729 Daytime Phone #
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