## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N02000009309

1. Entity Name
ARMAND BEACH ESTATES HOMEOWNERS



## **FILED** Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90253 034 \*\*\*\*61.25

ASSOCIATION, INC.					III						
8 OCEAN DUNE CIR PO		PO BOX	ailing Address O BOX 350668 ALM COAST, FL 32137								
Principal Place of Business - No P.O. Box #     Mailing Address											
2. Filliopar Face of Susiness - No F.C. Box ii		J. Maining	b. Maining Place out			LEDIK B  Q   Q	DIIN KAN UULII KUIKI DU	II II WEEL BULLU LEE	OR EIIIT NSIIN IN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042007	Chg-NP	CR2E03	7 (12/06)		
City & Stat	City & State		City & State			4. FEI Number Applied For 54-2097192 Not Applicable					
Zip	Country	Zîp	Zip Cou		·	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Curren	t Registered A	gent			7. Name and A	Address of New F	Registered A	gent		
SERMARIN, JOSEPH T					Name						
8 OCEAN DUNE CIR PALM COAST, FL 32137					Street Address (P.O. Box Number is Not Acceptable)						
				City	· · · · ·			FL	Zip Cod	e	
The shows	named entity submits this statement	for the purpose	of changing its regi	istared office o	r register	ad agent or both	in the State of E		amiliar with	and accord	
	tions of registered agent.	ioi tile pulpose	or changing its regi	stered onice o	Liefisieus	ed agent, or both	, In the State of Fr	onda. Lama	arrimar wiki,	and accept	
SIGNATURE											
Filing Fee is \$61.25 9. Election Campaign Fi						\$5.00 May Be	I	lake check			
	Due by May 1, 2007		Trust Fund Contr	10u100n.		Added to Fees		rida Depart			
10.	OFFICERS AND D	IRECTORS		11.	A	ADDITIONS/CHAI	NGES TO OFFICE				
TITLE NAME	SERMARIN, JOSEPH T		☐ Detete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	PO BOX 350668		- 1	STREET ADDRESS							
CITY-ST-ZIP	PALM COAST, FL 32135		. 1	CITY-ST-ZIP							
TITLE	DP		Delete	TITLE					☐ Change	Addition	
NAME	JOYCE, JOHN M			NAME							
STREET ADDRESS	PO BOX 350668			STREET ADDRESS							
City-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP				<del> </del>			
TITLE	DV WEISS, CHARLES		☐ Delete	TITLE	DP				Change	Addition	
NAME STREET ADDRESS	P O BOX 350665			NAME STREET ADDRESS							
CITY-ST-ZIP	PALM COAST, FL 32135		i	CITY-ST-ZIP							
TITLE	Garde 1		☐ Delete	TIFLE	<u> </u>	PDV			☐ Change	D-Addition	
NAME	CENTER OF THE PERSON NAMED IN COLUMN TO PERS			NAME		RY FA	IRLEY				
STREET ADDRESS	1			STREET ADDRESS	GF	Box 35	8 390				
CITY-ST-ZIP				CITY-ST-ZIP	P	Aum Car	AST, FL ?	32135			
TITLE			☐ Detete	TITLE .	7	•	•		☐ Change	Attition	
NAME				NAME	ĶΑ	REN JO	ACE				
NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	KA	REN 10	14CF 50668 4ST CL C	2225	_		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	KA Po	REN JO BUX 35 ALM CON	50668 4ST, FL 2			Addition	
STREET ADDRESS			☐ Delete	STREET ADDRESS	KA Po	REN 10 Bux 3:	50668 4ST, FL 3		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP TITLE	KA Por	REN 10 BOX 39 9LM Cox	50668 AST, FL 2		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				STREET ADDRESS CITY-ST-ZBP TITLE NAME	KA Po Pi	REN 10 BOX 35 ALM CON	50608 4ST, FL 2		Change	Addition	

Indicated on this report or supplied with inits liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 1/4/07 386 445 3729 HATTIRE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR