


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003705</b>	
1. Entity Name <b>SOUTH JAX BEACH VISTA CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>127 13TH AVE S JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>127 13TH AVE S UNIT A JACKSONVILLE BEACH, FL 32250</b>
---	--

DO NOT WRITE IN THIS SPACE



07112007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent	
<b>BRANLEY, ROBERT J 127 13TH AVE UNIT C JACKSONVILLE BEACH, FL 32250</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>UN00000770641 07/26/07-80006-013 61.25</b>
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES PAQUIN, GREG 127 13TH AVE S, UNIT B JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA MUCHA, JERRY 127 13TH AVE S, UNIT A JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRANLEY, ROBERT 127 13TH AVE S, UNIT C JACKSONVILLE BEACH, FL 32250</b>
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 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.

<b>SIGNATURE:</b> 	<b>7-21-07</b>	<b>904-854-8809</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #