

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

**FILED**

**Feb 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N03000007606**

1. Entity Name  
**SOUTH BEACH VILLAGE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**417-12TH ST W  
209  
BRADENTON, FL 34205**

Mailing Address  
**P.O. BOX 361  
BRADENTON, FL 34206**



02022007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0735156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MAPES, REED W  
417 - 12TH ST W  
SUITE 209  
BRADENTON, FL 34205**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000638806  
02/27/07-80045-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAPES, REED W 417 - 12TH ST W., SUITE 209 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, PAMELA C 1281 GULF OF MEXICO DR., UNIT #1006 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JEFFREY E 1281 GULF OF MEXICO DR., UNIT #1006 LONGBOAT KEY, FL 34228
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #