FILED

Mar 23, 2005 8:00 am Secretary of State 03-23-2005 90055 002 ****61.25 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400003876 1. Entity Name OWNERS ASSOCIATION OF SOUTH BEACH CONDOMINIUM, INC.						03-23-2003 90033 002 *** 61.23						
Principal Place of Business 776 SUNDIAL COURT FORT WALTON BEACH, FL 32548 Mailing Address 776 SUNDIAL COURT FORT WALTON BEACH, FL 32548						50030249						
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			01112005 Chg-NP CR2E037 (10/03)						
City & State	9	City & State	City & State			4. FEI Number 20-1169820 Applied For Not Applicable						
Zip	Country	Zip	Cour	ntry				CO 75 Additional		ditional		
	6. Name and Address of Cur	rent Registered Agent	-	Name		7. Name and Ado	tress of New R					
BRUNER, MAX JR					dress ((P.O. Box Number is Not Acceptable)						
	LTON BEACH, FL 32548		ļ			ones radios (1.5. box rambol is not receptable)						
						:			Zip Code			
City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept												
the obligations of registered agent. SIGNATURE												
Due by May 1, 2005 Trust Fund Contribution.] — <u>-</u> -	Added to Fees	V,	ida Depart		i		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD BRUNER, MAX JR 901 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32	Delete .		T ADDRESS SI-ZIP	Tim 200	othy Reposts Brock H	ole lighland	<u> </u>	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNER, LINDA 901 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548			E YP E Ha EET ADDRESS 12		mingham 19th Alexan 195 Mabel 19disenvi	oder Drive		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Delete BRUNER, VINCE 901 SANTA ROSA BLVD. — — — — — — — — — — — — — — — — — — —			T ADDRESS	5 -96	Nda Schl 08-Santa 1.Walton	ageter Rosa	lud.	□ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					Change	Addition		
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 authorise, with all other like empowered.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prone #												