2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006083

FILED Apr 27, 2006 Secretary of State

Entity Name: SOUTH BEACH VILLAGE HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 9995 GATE PKWY NORTH - STE 250 JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 9995 GATE PKWY NORTH - STE 250 JACKSONVILLE, FL 32246 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTREPID REGISTERED AGENT SERVICES, LLC CRONK DUCH HOLDINGS, INC. 225 WATER ST - STE 2020 9995 GATE PARKWAY NORTH SUITE 250 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32246 US 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. SIGNATURE: LILLIAN H. GIGGEY 04/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOOMEY, RICHARD J Name: Name: 9995 GATE PKWY NORTH - STE 250 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CRONK, JOSEPH S Name: Address: 9995 GATE PKWY NORTH - STE 250 Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: STD () Delete Title: () Change () Addition GIGGEY, LILLIAN H Name: Name: 9995 GATE PKWY NORTH - STE 250 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN H. GIGGEY VPD 04/27/2006