

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010223

FILED
Apr 21, 2008
Secretary of State

Entity Name: SOUTH BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11360 GULF BOULEVARD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

352 150TH AVENUE
SUITE E
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 20-1876946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVEMAN, LARRY
1470 12TH STREET EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

CONDO MANAGEMENT PLUS
352 150TH AVENUE
SUITE E
MADEIRA BEACH, FL 33708 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: JOYCE ADAMS

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAVEMAN, LARRY
Address: 1470 12TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: VT () Delete
Name: ROGERS, LEON
Address: 1807 76TH STREET WEST
City-St-Zip: BRADENTON, FL 34209

Title: S () Delete
Name: BELL, DANIEL
Address: 2314 CLEWIS COURT, #105
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAVEMAN, LARRY
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP (X) Change () Addition
Name: BELL, DAN
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: S (X) Change () Addition
Name: GEWECKE, MONIKA
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T () Change (X) Addition
Name: JOHNSON, CURT
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Change (X) Addition
Name: LUCKETT, ROBERT
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE ADAMS

LCAM

04/21/2008

Electronic Signature of Signing Officer or Director

Date