

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010223

FILED  
Apr 28, 2009  
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:

19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785

FEI Number: 20-1876946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDO MANAGEMENT PLUS  
352 150TH AVENUE  
SUITE E  
MADEIRA BEACH, FL 33708 US

## Name and Address of New Registered Agent:

CONDO MANAGEMENT PLUS  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 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

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date