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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21867 (9)

1. Corporation Name

THE S. B. PROFESSIONAL OFFICE CONDOMINIUM OWNERS
' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%STEVEN P. DINGFELDER
9 ST. JOHNS MEDICAL PARK DRIVE
ST. AUGUSTINE FL 32086%STEVEN P. DINGFELDER
9 ST. JOHNS MEDICAL PARK DRIVE
ST. AUGUSTINE FL 32086-53433. Date Incorporated or Qualified
08/04/19873a. Date of Last Report
02/07/19964. FEI Number
59-3157057☒ Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINGFELDER, STEVEN P.
9 ST. JOHNS MEDICAL PARK DRIVE
ST. AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DINGFELDER, STEVEN P.
STREET ADDRESS 3 SEA OAKS DRIVE
CITY-ST-ZIP ST. AUGUSTINE FLTITLE D ☒ DELETE
NAME BAKER, KENNETH E.
STREET ADDRESS 13 OCEAN WOODS DRIVE
CITY-ST-ZIP ST. AUGUSTINE FLTITLE D ☐ DELETE
NAME MCCLURE, GEORGE M.
STREET ADDRESS 2 SEA OAKS DRIVE
CITY-ST-ZIP ST. AUGUSTINE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Susan Knight Kelly
1.3 STREET ADDRESS 4725 Longboat Rd.
1.4 CITY-ST-ZIP Jacksonville, FL 322102.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

904-777-2705

CR2E037 (9/96)