## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # N46389  1. Entity Name SOUTH BEACHES PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.					02-13-2006	5 90025 041 ****6	1.25	
Principal Place of Business 440 JACKSONVILLE DR JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250								
	<u>-</u>							
2. Principal Place of Business		3. Mailing Address				A 15 A 1811 A 1451 A 1611 A 1615 A 1615 A 1615 A 1615 A 1615		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-31096	 880		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New	Registered Agent		
CEDVONE EDANK DMD			Name					
CERVONE, FRANK DMD 474 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
, 3			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered lagert.			_	in the State of F	2/16/96	, and accept	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carm Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	I	Make check payable to brida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable t	tate	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employered 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 address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR