2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N47637

1. Entity Name

THE SOUTH BEACH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

∳O BOX 3093 DR 1811 E SANDPOINTE PLACE VERO BEACH, FL 32963 Mailing Address

PO BOX 3093 DR VERO BEACH, FL 32964

FILED Mar 25, 2005 08:00 AM Secretary of State



03112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number		Applied For
65-0326576		Not Applicable
5. Certificate of Status Desired		5 Additional

5. Name and Address of Current Registered Agent

BURNS, JOHN J 1811 E. SANDPOINTE PLACE VERO BEACH, FL 32963

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE							
SIGNATORE.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)				DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERSTNER, CHERYL 2016 SURFSIDE TERRACE VERO BEACH, FL 32963				U000000000404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITSMILLER, FRITZ 1765 SEAGROVE DRIVE VERO BEACH, FL 32963				000000276431 03/25/05-80040-015 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUNGER, MARY LOU 2136 SEA MIST COURT VERO BEACH, FL 32963	· = - ·		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHELPS, MARTHA 1710 SAND DOLLAR WAY VERO BEACH, FL 32963			IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, JOHN 1811 E. SANDPOINTE PLACE VERO BEACH, FL 32963						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		•		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered 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.							

ED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR