


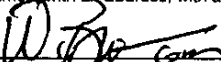


FILED
May 02, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # N95000001109						05-02-2007 90082 047 ****61.25	
1. Entity Name SYMPHONY BEACH CLUB CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 453 SOUTH ATLANTIC AVE. ORMOND BEACH, FL 32176			Mailing Address 453 SOUTH ATLANTIC AVE. ORMOND BEACH, FL 32176				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country			04302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3371409						Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HORGAN, MARIE 453 SOUTH ATLANTIC AVE. ORMOND BEACH, FL 32176				Name DAVID ROSS			
				Street Address (P.O. Box Number is Not Applicable) 453 S. ATLANTIC AVE			
				City Ormond Beach FL FL Zip Code 32176			
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/30/17							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP ROSS, DAVID <input type="checkbox"/> Delete 453 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS HORGAN, MARIE <input checked="" type="checkbox"/> Delete 453 S. ATLANTIC AVE. ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT TARTAGLIA, DIANE <input type="checkbox"/> Delete 453 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.							
SIGNATURE:  DATE 4/30/17 3866727373							