

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005195

1. Entity Name

SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91694 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

173-20 AVE SO  
JACKSONVILLE BEACH FL 32250  
US

173-20 AVE SO  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3389317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, GARY I  
3100 UNIVERSITY BLVD. SOUTH STE 101  
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PRATT, GREGORY J  
STREET ADDRESS 2947 2ND STREET SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME HERRING, KAY  
STREET ADDRESS 1954 - 1ST AVE SO  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME ABBOSH, MICHELLE  
STREET ADDRESS 173-20TH AVE SO  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE STD ☒ Change ☐ Addition  
NAME DONOVAN, BONITA  
STREET ADDRESS 135-20TH AVE SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

*Michelle Abbott* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02

Date

904-346-5862

Daytime Phone #

CR2E037 (9/01)