2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005708

1. Entity Name SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC.



May 03, 2005 8:00 am Secretary of State 05-03-2005 90066 041 ****61.25

FILED

| Principal Place MARVIN REAL | | | COD NE | | | | | |
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| 1835 N 3RD Jacksonvill | ESTATE | Mailing Address PO BOX 330026 ATLANTIC BEACH, FL 32 | 233 | | | 81111 61 111 81 811 16 111 18 | | |
| 2. Principal P | lace of Business O 1414 Ave 50 | 3. Mailing Address | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 04272005 CI | hg-NP (| CR2E037 (10/03) | |
| City & State | ovicle Ban, 7 | City & State | | | 4. FEI Number 59-336296 | 69 |) - - | oplied For ot Applicable |
| Zip フン | 50 DUVAL | Zip | Country | | 5. Certificate of St | atus Desired | S8.75 Ad Fee Require | |
| 7 | 6. Name and Address of Current Re | gistered Agent | | | 7. Name and Add | iress of New Regi | istered Agent | |
| **** | 20114 | | Name / | RA | W/ L/W | وصيله | | |
| MARVIN, S 1835 N 3R | | | Street Ad | Idrass (F | P.O. Box Number is | Not Acceptable) | | |
| | VILLE BEACH, FL 32250 | | 2 | 4 | 5 74 T | 4 AVE | - ² 0 | |
| | | | Cipy | ~ | BCK | | FL Zip Coo | le ング |
| 8. The above | named entity submits this statement for the | he purpose of changing its re | egistered office or u | registere | ed agent, or both, in | the State of Florid | la Lam familiar with | and accent |
| | ions of registered agent. | 1 | 9,0,0,0,0 | , og . o. o | od agorii, or boiri, m | | | |
| | 1 mills | una | | | | 4-1 | 8205 | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | stitle if applicable. (NOTE: | Registered Agent signatur | re required | when reinstating) | | DATE | |
| | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Camp Trust Fund Co | | | \$5.00 May Be Added to Fees | | e check payable to Department of S | |
| 10. | OFFICERS AND DIRE | CTOPS | 144 | | ODITIONIC (OLIMA) | ES TO OFFICERS | AND DIDECTORS IN | 1.10 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 4/1/05 904411