


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90066 041 \*\*\*\*61.25

<b>DOCUMENT # N95000005708</b>			
1. Entity Name <b>SOUTH BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>PO BOX 330026 ATLANTIC BEACH, FL 32233</b>	
2. Principal Place of Business <b>240 14TH AVE S</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE BEACH, FL</b>		City & State	
Zip <b>32250</b>	Country <b>DUVAL</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>MARVIN, SONIA 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent Name <b>FRANK HUNTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>240 14TH AVE S</b> City <b>JAX BEACH</b> FL Zip Code <b>32250</b>	
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 <b>Frank Hunter</b> DATE <b>4-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASelden, EDWARD 1224 S 1ST STREET #2-C JACKSONVILLE BEACH, FL 32250 <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	PD SELLERS, CHARLES W 1224 1ST ST S. UNIT 2A JACKSONVILLE, FL 32250 <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	DS CONWAY, RICHARD 1224 S 1ST STREET #3-C JACKSONVILLE BEACH, FL 32250 <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	D SELLERS, COLETTE 1224 1ST S. UNIT 2A JACKSONVILLE BEACH, FL 32250 <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	D EVERIDGE, HERMAN 1224 1ST ST S. UNIT 1C JACKSONVILLE BEACH, FL 32250 <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 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: <b>Edward Haselden</b>		Date <b>4/27/05</b> Daytime Phone # <b>9042471565</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	