

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr. 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005708**

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



Principal Place of Business  
**240 14TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**PO BOX 330026  
ATLANTIC BEACH, FL 32233**



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3362969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HUNTER, FRANK  
240 14TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	HASELDEN, EDWARD
STREET ADDRESS	1224 S 1ST STREET #2-C
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	PD
NAME	SELLERS, CHARLES W
STREET ADDRESS	1224 1ST ST S. UNIT 2A
CITY-ST-ZIP	JACKSONVILLE, FL 32250

TITLE	DS
NAME	CONWAY, RICHARD
STREET ADDRESS	1224 S 1ST STREET #3-C
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	D
NAME	SELLERS, COLETTE
STREET ADDRESS	1224 1ST S. UNIT 2A
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	D
NAME	EVERIDGE, HERMAN
STREET ADDRESS	1224 1ST ST S. UNIT 1C
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000537296  
05/09/06-80013-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06 9042471565