2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005708

FILED Mar 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 240 14TH AVENUE SOUTH 330 A1A NORTH, SUITE 321 JACKSONVILLE BEACH, FL 32250 PONTE VERA BÉACH, FL 32080 **Current Mailing Address: New Mailing Address:** PO BOX 330026 ATLANTIC BEACH, FL 32233 FEI Number: 59-3362969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUNTER, FRANK HUNTER, FRANK 330 A1A ŃORTH. SUITE 321 240 14TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 PONTE VEDRA BEACH, FL 32082 US US 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: 03/18/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition HASELDEN, EDWARD Name: Name: 1224 S 1ST STREET #2-C Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: PD () Delete Title: () Change () Addition SELLERS, CHARLES W Name: Name: Address: 1224 1ST ST S. UNIT 2A Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: Title: DS () Delete Title: () Change () Addition CONWAY, RICHARD Name: Name: 1224 S 1ST STREET #3-C Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SELLERS, COLETTE Name: Address: 1224 1ST S. UNIT 2A Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition EVERIDGE, HERMAN Name: Name: 1224 1ST ST S. UNIT 1C Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HASELDEN TREA 03/18/2009