

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000078

FILED
Jan 11, 2005
Secretary of State

Entity Name: SOUTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

388 SOUTH 1ST STREET
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

388 SOUTH 1ST STREET
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-3487226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMATOIANNAKIS, ALIXE MRS
388 SOUTH 1ST STREET
2180 W SR 434 STE 5000
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAMATOIANNAKIS, ALIXE
Address: 384 SOUTH 1ST ST
City-St-Zip: JACKSONVILLE, FL 32250

Title: STD () Delete
Name: BATTAGLIA, LORY NICOLE
Address: 388 1ST. STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: YALES, BONNIE
Address: 384 1ST. STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: BM (X) Delete
Name: HELLER, LISA
Address: 1109 PINELLAS BAY WEST #405
City-St-Zip: TIERRA VERDA, FL 33715

Title: BM () Delete
Name: SOLIS, GREG
Address: 382 SOUTH 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORY N BATTAGLIA

STD

01/11/2005

Electronic Signature of Signing Officer or Director

Date