

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007721

**FILED  
Mar 20, 2023  
Secretary of State  
1006937117CC**

**Entity Name:** SOUTH BEACH AT FLAGLER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**FEI Number: 59-3756559**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES INC  
MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           CARPENTER, DAVID  
Address        C/O MAY MANAGEMENT SERVICES,  
                  INC  
                  5455 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           SECRETARY  
Name           GRISSOM, LINDA  
Address        C/O MAY MANAGEMENT SERVICES,  
                  INC  
                  5455 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           PRESIDENT  
Name           BROWN, MARCUS  
Address        C/O MAY MANAGEMENT SERVICES,  
                  INC  
                  5455 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           VP  
Name           MACLEOD, DIANE  
Address        C/O MAY MANAGEMENT SERVICES,  
                  INC  
                  5455 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           TREASURER  
Name           REACH, JUDITH  
Address        C/O MAY MANAGEMENT SERVICES,  
                  INC  
                  5455 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

*I hereby 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 all other like empowered.*

**SIGNATURE: LINDA GRISSOM**

**SECRETARY**

**03/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date