


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 018 ****61.25

| | | | | |
|---|---|--|--|---|
| DOCUMENT # 744246 | | | |  |
| 1. Entity Name TENCON BEACH ASSOCIATION, INC. | | | | |
| Principal Place of Business 1511 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 | | Mailing Address 1511 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0624369 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| RITCHEY, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | | Name | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | City | | |
| | | FL | | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HALEY, DENNIS 11311 STONY BROOK DR GRAND BLANC, MI 48439 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FINNERAN, PATRICIA 7 PRYER LN NEW YORK, NY 10538 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HALEY, JUNE 11311 STONYBROOK DR GRAND BLANC, MI 48439 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IARIA, JOSEPH 1511 GULF OF MEXICO DR., 1-SOUTH LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDBERG, PERCY #3-393 WELLINGTON CRESCENT WINNEPEE MANITOBA CANADA, r3m oai | <input checked="" type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SKVERSKY, ARLENE 1511 GULF OF MEXICO DR., 4-SOUTH LONGBOAT KEY, FL 34228 | <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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"/> 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: <i>June Haley</i> JUNE HALEY | | Date: <i>2/28/05</i> | | Daytime Phone #: <i>(810) 444-2457</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # |

