


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 744246 1. Entity Name TENCON BEACH ASSOCIATION, INC.	
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Principal Place of Business 1511 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Mailing Address 1511 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
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01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0624369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHEY, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000638819
02/27/07-80046-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HALEY, DENNIS 11311 STONY BROOK DR GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINNERAN, PATRICIA 7 PRYER LN NEW YORK, NY 10538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALEY, JUNE 11311 STONYBROOK DR GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, JOSEPH 885 CHARRINGTON BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKVERSKY, ARLENE 1511 GULF OF MEXICO DR.. 4-SOUTH LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: June Haley, Secretary/Treasurer 2/14/07 C (R10) 444-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #