


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0624369 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

U00000823240
 02/20/08-80028-015 61.25

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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 June Haley 2/5/08 (810) 444-2457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #