

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744246

FILED
Jan 26, 2009
Secretary of State

Entity Name: TENCON BEACH ASSOCIATION, INC.

Current Principal Place of Business:

1511 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

1511 GULF OF MEXICO DRIVE
5N
LONGBOAT KEY, FL 34228

Current Mailing Address:

1511 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Mailing Address:

1511 GULF OF MEXICO DRIVE
5N
LONGBOAT KEY, FL 34228

FEI Number: 65-0624369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITCHEY, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: HALEY, DENNIS
Address: 11311 STONY BROOK DR
City-St-Zip: GRAND BLANC, MI 48439

Title: VP () Delete
Name: FINNERAN, PATRICIA
Address: 7 PRYER LN
City-St-Zip: NEW YORK, NY 10538

Title: STD () Delete
Name: HALEY, JUNE
Address: 11311 STONYBROOK DR
City-St-Zip: GRAND BLANC, MI 48439

Title: D () Delete
Name: JACOBSON, JOSEPH
Address: 885 CHARRINGTON
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: D () Delete
Name: SKVERSKY, ARLENE
Address: 1511 GULF OF MEXICO DR., 4-SOUTH
City-St-Zip: LONGBOAT KEY, FL 34228

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 exemption stated 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 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: JUNE HALEY

STD

01/26/2009

Electronic Signature of Signing Officer or Director

Date