

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2003 8:00 am
Secretary of State

08-25-2003 90102 010 ****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**

55056136

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0624369** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent
**RITCHEY, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34238**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALEY, DENNIS	
STREET ADDRESS	11311 STONY BROOK DR	
CITY-ST-ZIP	GRAND BLANC MI 48439	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINNERAN, PATRICIA	
STREET ADDRESS	7 PRYER LN	
CITY-ST-ZIP	NEW YORK NY 10538	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HALEY, JUNE	
STREET ADDRESS	11311 STONYBROOK DR	
CITY-ST-ZIP	GRAND BLANC MI 48439	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARTNNAID, CHARLOTTE	
STREET ADDRESS	485 MADISON AVE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, PERCY	
STREET ADDRESS	#3-393 WELLINGTON CRESCENT	
CITY-ST-ZIP	WINNEPEE MANITOBA CANADA R3M 0A1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNATO, CHARLOTTE	
STREET ADDRESS	468 MADISON AVE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, PERCY	
STREET ADDRESS	#3-393 WELLINGTON CRESCENT	
CITY-ST-ZIP	WINNEPEG MANITOBA CANADA R3M-0A1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *June Haley* 9/6/03 (810) 695-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)