


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006637	
1. Entity Name GRAYTON BEACH NEIGHBORHOOD ASSOCIATION INC.	

Principal Place of Business 490 DEFUNIAK ST. GRAYTON BEACH, FL 32459	Mailing Address <i>P.O. Box 2162</i> 1444 SOUTH HWY 200 SOUTH, PMB 26 SANTA ROSA BEACH, FL 32459
--	--



07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0362938	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 SAHLIE, SHIRLEY 490 DEFUNIAK ST. GRAYTON BEACH, FL 32459
--

**DO NOT WRITE
IN THIS SPACE**

6. 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: *Shirley P. Sahlie* *Shirley P. Sahlie* *7/18/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAHLIE, SHIRLEY 490 DEFUNIAK ST. GRAYTON BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVOW, SCOTT 490 DEFUNIAK ST. GRAYTON BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, LEE 55 LYDIA STREET SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, PAT 42 LYDIA STREET SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EYER, LEE 466 DEFUNIAK STRET SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000373963
07/22/05-80002-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Shirley P. Sahlie* *Shirley P. Sahlie* *7/18/05* *850-231-1659*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #