

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010580

FILED
Mar 04, 2005
Secretary of State

Entity Name: ALYS BEACH NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2993 COUNTY ROIAD 395
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

2993 COUNTY ROAD 395
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

2993 COUNTY ROIAD 395
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P.O. BOX 1943
BIRMINGHAM, AL 35201

FEI Number: 05-0611643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNER, JASON
2993 COUNTY ROIAD 395
SANTA ROSA BEACH, FL 32459 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COMER, JASON
Address: 2993 COUNTY ROAD 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Change (X) Addition
Name: HENSON, SCOTT
Address: 2993 COUNTY ROAD 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Change (X) Addition
Name: TERRELL, KAREN
Address: 2993 COUNTY ROAD 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SEC () Change (X) Addition
Name: SKIPPER, BRENT
Address: 2993 COUNTY ROAD 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TRES () Change (X) Addition
Name: KLINE, TOM
Address: 2993 COUNTY ROAD 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD L. BOZZELLI

CFO

03/04/2005

Electronic Signature of Signing Officer or Director

Date