

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45259

FILED
Mar 24, 2005
Secretary of State

Entity Name: BEACHES BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 49161
JACKSONVILLE BEACH, FL 322409161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49161
JACKSONVILLE BEACH, FL 322409161

New Mailing Address:

FEI Number: 59-3157370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDORFF, STEVEN G
11 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 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: VPD () Delete
Name: GRUENTHER, PAUL
Address: 1625 3RD AVENUE N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: JACKSON, KAREN
Address: 625 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT () Delete
Name: LINDORFF, STEVEN G
Address: 11 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS () Delete
Name: WALLACE, LYNN MCCLURE
Address: 3002 OCEAN DR S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: STEVEN G. LINDORFF

DT

03/24/2005

Electronic Signature of Signing Officer or Director

Date