

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 019 ****61.25

DOCUMENT # N01000002246

1. Entity Name
MANDALAY BEACH CLUB OWNER'S ASSOCIATION, INC.



Principal Place of Business
**10 PAPAYA STREET
CLEARWATER, FL 33767**

Mailing Address
**10 PAPAYA STREET
CLEARWATER, FL 33767**

40100000



05022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0383797

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
2401 W BAY DR
SUITE 414
LARGO, FL 33770-1941**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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
	TOUCHTON, WALTER	10 PAPAYA ST, #702	CLEARWATER BEACH, FL 33767
	BLENSTOCK, JOSEPH	10 PAPAYA ST #701	CLEARWATER, FL 33767
	YOFAN, AVI	11 SAN MARCO ST #1002	CLEARWATER BEACH, FL 33767
	ZILISCH, BARBARA	11 SAN MARIO ST # 708	CLEARWATER BEACH, FL 33767
	BARRETT, BILL	11 SAN MARCO ST #306	CLEARWATER, FL 33767
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

727 449
8852

Daytime Phone #