

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744246

Entity Name: TENCON BEACH ASSOCIATION, INC.**Current Principal Place of Business:**1511 GULF OF MEXICO DR
#5N
LONGBOAT KEY, FL 34228**Current Mailing Address:**1511 GULF OF MEXICO DR
#5N
LONGBOAT KEY, FL 34228 US**FEI Number:** 65-0624369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BICKEL, SHANA
4259 ADELAAR DR
SARASOTA, FL 34240 US*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**Officer/Director Detail :**

Title	VP
Name	HALEY, DENNIS
Address	1511 GULF OF MEXICO DR #5N
City-State-Zip:	LONGBOAT KEY FL 34228

Title	DIRECTOR
Name	FINNERAN, PATRICIA
Address	1511 GULF OF MEXICO DR #1N
City-State-Zip:	LONGBOAT KEY FL 34228

Title	TREASURER
Name	HALEY, JUNE
Address	1511 GULF OF MEXICO DR #5N
City-State-Zip:	LONGBOAT KEY FL 34228

Title	D
Name	JACOBSON, JOSEPH
Address	1511 GULF OF MEXICO DR #5S
City-State-Zip:	LONGBOAT KEY FL 34228

Title	SECRETARY
Name	SKVERSKY, ARLENE
Address	1511 GULF OF MEXICO DR #4S
City-State-Zip:	LONGBOAT KEY FL 34228

Title	D
Name	SKVERSKY, ARLENE
Address	1511 GULF OF MEXICO DR #4S
City-State-Zip:	LONGBOAT KEY FL 34228

Title	PRESIDENT
Name	GESWELLI, JIM
Address	1511 GULF OF MEXICO DR #3S
City-State-Zip:	LONGBOAT KEY FL 34228

I hereby 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 all other like empowered.

SIGNATURE: JUNE HALEY

JUNE HALEY

03/25/2021

Electronic Signature of Signing Officer/Director Detail_____
Date