


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90222 034 ****61.25

DOCUMENT # 706258 1. Entity Name SINGER ISLAND BUSINESS ASSOCIATION, INC.					
Principal Place of Business 1281 NORTH OCEAN DR STE 109 SINGER ISLAND, FL 33404 US			Mailing Address 1281 NORTH OCEAN DR STE 109 SINGER ISLAND, FL 33404 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6159379	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEWART, JAMES M. 1211 THE PLAZA SINGER ISLAND, FL 33404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARMSTRONG, CHIP C/O SALFISH MARINA RESORT WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Armstrong, Chip C/O Armstrong Enterprises. Riviera Bch	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, GOLDIE <input checked="" type="checkbox"/> Delete 182 LAKE DR SINGER ISL, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lubeck, George, F. III 1250 N. Ocean Dr Singer Island FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAWTHORNE, TRISH <input checked="" type="checkbox"/> Delete 1200 EAST BLUE HERON BOULEVARD SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Treasurer + Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bradler, Darlene 1200 East Blue Heron Blvd Singer Island FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JAMES M <input type="checkbox"/> Delete 1211 THE PLAZA SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carter, George City of Riviera Bch Riviera Bch FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMECHE, GAYLE <input type="checkbox"/> Delete 206 INLET WAY PALM BEACH SHORES, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ameche, Gayle 206 Inlet way Palm Beach Shores FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, JAMES <input checked="" type="checkbox"/> Delete 182 LAKE DR SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Darlene Bradler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/6/1-848-8675 <small>Daytime Phone #</small>		