

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90023 026 ****70.00

DOCUMENT # 706490					
1. Entity Name SUNSET BEACH CIVIC ASSOCIATION INC					
Principal Place of Business 8451 BLIND PASS DR C/O SUSAN DIBONA TREASURE ISLAND, FL 33706 US			Mailing Address 8451 BLIND PASS DR C/O SUSAN DIBONA TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business 8300 BAYSHORE DRIVE Suite, Apt., etc. 40 B.C. Acton		3. Mailing Address 8300 BAYSHORE DRIVE Suite, Apt., etc. 40 B.C. ACTON			
City & State Treasure Island FL		City & State Treasure Island FL		01072004 Chg-NP CR2E037 (10/03)	
Zip 33706	Country US	Zip 33706	Country US	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIBONA, SUSAN H 8451 BLIND PASS DR. TREASURE ISL, FL 33706			7. Name and Address of New Registered Agent Name <u>B. C. Acton</u> Street Address (P.O. Box Number is Not Acceptable) <u>8300 BAYSHORE DRIVE</u> City <u>Treasure Island</u> <u>FL</u> Zip Code <u>33706</u>		
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 <u>B.C. Acton</u> <u>B. C. ACTON</u> <u>4 FEB 04</u> <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 May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BROWNLEY, ROSALIE STREET ADDRESS 8541 W. GULF BLVD. CITY-ST-ZIP TREASURE ISL, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE TD NAME ACTON, B.C. STREET ADDRESS 8300 BAYSHORE DRIVE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME QUALE, VICKI STREET ADDRESS 324 BAY PLAZA CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE D NAME LEONARD, ED STREET ADDRESS 124-85th AVENUE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SIERRA, CANDACE STREET ADDRESS 117 86TH AVE CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE D NAME DEBIASE, MARY STREET ADDRESS 7702 BAYSHORE DRIVE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LIPPKE, BETTY STREET ADDRESS 37 80TH TERRACE CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE D NAME HILL, RAE ANN STREET ADDRESS 133-86th AVENUE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME SCHWARTZ, DAN STREET ADDRESS 8662 86TH TERRACE, #2 CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE D NAME Zehring, Jennifer STREET ADDRESS 141-94th AVENUE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME DIBONA, SUSAN H STREET ADDRESS 8451 BLIND PASS DR CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE VP NAME SIERRA, CANDACE STREET ADDRESS 117-86th AVENUE CITY-ST-ZIP Treasure Island FL 33706	<input type="checkbox"/> Change <input checked="" 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: <u>B.C. Acton</u> <u>B. C. ACTON</u>			<u>4 FEB 04 (722) 762 6082</u> Date Daytime Phone #		