

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 023 ****70.00

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1. Entity Name

SUNSET BEACH CIVIC ASSOCIATION INC



Principal Place of Business

**8300 BAYSHORE DRIVE
C/O B.C. ACTON
TREASURE ISLAND FL 33706
US**

Mailing Address

**8300 BAYSHORE DRIVE
C/O B.C. ACTON
TREASURE ISLAND FL 33706
US**

00040370



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ACTON, B C
8300 BAYSHORE DRIVE
TREASURE ISL FL 33706**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME ACTON, B. C
STREET ADDRESS 8300 BAYSHORE DRIVE
CITY-ST-ZIP TREASURE ISL FL 33706

TITLE SD ☒ Delete
NAME QUALE, VICKI
STREET ADDRESS 324 BAY PLAZA
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D ☐ Delete
NAME DEBIASE, MARY
STREET ADDRESS 7702 BAYSHORE DRIVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D ☒ Delete
NAME LIPPKE, BETTY
STREET ADDRESS 37 80TH TERRACE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE PD ☐ Delete
NAME SCHWARTZ, DAN
STREET ADDRESS 8662 86TH TERRACE, #2
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VD ☒ Delete
NAME SIERRA, CANDACE
STREET ADDRESS 117-86TH AVENUE
CITY-ST-ZIP TREASURE ISLAND FL 33706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME KEN GALLAGHER
STREET ADDRESS 124 PSE AVE
CITY-ST-ZIP TRIP, FL 33706

TITLE SD ☐ Change ☒ Addition
NAME ED LEONNARO
STREET ADDRESS 124 PSE AVE
CITY-ST-ZIP TRIP, FL 33706

TITLE VPD ☒ Change ☐ Addition
NAME DEBIASE, MARY
STREET ADDRESS 7702 BAYSHORE DRIVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D ☐ Change ☒ Addition
NAME BISILVA, MARIANA
STREET ADDRESS 8550 W GULF BLVD #2
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE D ☐ Change ☒ Addition
NAME PLOTKIN, JUDY
STREET ADDRESS 7710 BAYSHORE DR. #3
CITY-ST-ZIP TRIP, FL 33706

TITLE D ☒ Change ☐ Addition
NAME SCHWARTZ, DAN
STREET ADDRESS 8662 86TH TERRACE #2
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 MAR 05

(27) 367-6082