


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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 001 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # 718783 | |  | |
| 1. Entity Name THE BILLOWS ASSOCIATION, INC. | | | |
| Principal Place of Business % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH FL 32960 US | | Mailing Address % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH FL 32960 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

20037050



1st MOORE CR2E037 (10/04)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-1300505 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MERRILL, KAREN % ELLIOTT MERRILL COMM. MGMT 825 20TH PL VERO BEACH FL 32960 | | 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 _____ (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. <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 NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, DONNA 1180 REEF ROAD # B 05 VERO BEACH FL 32963 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Webb, Jack 1180 Reef Road # B02 Vero Beach, FL 32963 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KEEGAN, PATRICK 1180 REEF RD B4 VERO BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Black, Clint 1180 Reef Road # C 13 Vero Beach, FL 32963 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MURPHY, JOHN 1180 REEF ROAD VERO BEACH FL 32963 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Pike, Barbara 1180 Reef Road # A26 Vero Beach, FL 32963 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMES, NANCY 1180 REEF RD B-1 VERO BEACH FL 32963 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENNINGTON, SAM 1180 REEF ROAD VERO BEACH FL 32967 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Pennington, Sam 1180 Reef Road Vero Beach, FL 32967 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EASTERLING, BRIAN 1180 REEF ROAD # A25 VERO BEACH FL 32963 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Easterling, Brian 1180 Reef Road #25 Vero Beach, FL 32963 | <input checked="" 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:  **4/12/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #