## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

733284

(4)

## FILED May 12 1998 8:00am Secretary of State

, INC	A SHORE AND BEACH PRE	SERVATION ASSOCIA	ATION CH	CCLE III III III III III III III III III I	
Principal Place	WELLINGTON 2	2932 Addiese EU	INGTON CI		
TALLAHASSEE	L. MARAGOC	TALLAHASSEE FL 32001		3. Date incorporated or Qualified	
	32308	3230	of.	<b>07/11/1975 4.</b> FEI Number Applie	ed For
		IRCUE		<del></del>	pplicable
2. Principal Pl	ace of Business	2a. Mailing Address		5. Certificate of Status Desired See Regul	
Suite, Apt.	# atc	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May	
22 7AL	LAHASSEE, FL	27		Trust Fund Contribution Added to Fe	es
City & State	308	City & State		7. Is this nonprofit corporation a homeowners association?	
23 3 4 Zip	Country	<b>Z</b> ip	Country	8. This corporation owes or has paid the current year Intang	nible
24	25	<u> </u>	30	Personal Property Tax due June 30. Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name STAN TAIT					
TAIT, STAN 82 Street Address				Address (P.O. Box Number is Not Acceptable)	11/15
864 EAST PARK AVENUE				2952 WELLINGTON CIN	10 C/C
TALLAHASSEE FL 32301					
			84 City	TALLAHASSEE FL 85 32	308
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named c	porporation submits this statement for the purpose of changing its re	gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	3				
	Signature, typed or printed name of registered agent		: Registered Agent signature re		NITO
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	Addition
TITLE NAME	HIGGINS, STEVE	_ peccie	1.2 NAME	CD	
STREET ADDRESS	218 SW 1ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY - ST - ZiP		
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	TAIT, STANLEY L.		2.2 NAME		
STREET ADDRESS	864 E PARK AVE		2:3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		Addition
TITLE	DVC	☐ DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME	MCLOUTH, MALCOLM 8680 N. ATLANTIC AVE		3.2 NAME		
STREET ADDRESS	CAPE CANAVERAL FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	D	DELETE	3.4. CITY+ST-ZIP 4.1 TITLE	Change [	Addition
NAME	NORTON, DEBBIE		4. 2 NAME	_ ,	_
STREET ADDRESS	P.O. DRAWER 1208 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL				
TITLE	CD	DELETE	5.1 TITLE	CAT CLINEE Change	Addition
NAME	FLYNN, BRHAN	•	5.2 NAME	KOBIET ONED I MAJE	
STREET ADDRESS	33 SW 2ND AVE., #300		5.3 STREET ADDRESS	ROBERT CLINGEN Change I 1406 OXFORD LANE BOYNTON BEACH, FL. 334	10%
CITY-ST-ZIP	MIAMI FL	T NECTE	5.4 CITY-ST-ZIP	BUYNTON BEACH, PL 337	Addition
TITLE		☐ DELETE		50000252402 V	
NAME CENTE AND DECC			6.2 NAME 6.3 STREET ADDRESS	-05/14/9801104018 \\	2/12
STREET ADDRESS	: ·		0.0 STREET MOURESS	###R1 25	ノハグ

14. 1 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CIONATURE.

Tanley L. Tait

4/27/98 (80) 706-9227