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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State -
 DIVISION OF CORPORATIONS

DOCUMENT # 733284

1. Corporation Name
FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC.

Principal Place of Business
 2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308

Mailing Address
 2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/11/1975	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-1876345	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAIT, STAN 2952 WELLINGTON CIRCLE TALLAHASSEE FL 32308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	D Delete C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, STEVE	1.2 NAME	
STREET ADDRESS	218 SW 1ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	DVC	3.1 TITLE	D Delete VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUTH, MALCOLM	3.2 NAME	
STREET ADDRESS	8680 N. ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	C/D add C <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CLINGER	5.2 NAME	
STREET ADDRESS	1406 OXFORD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/25/99 (850) 906-9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)