


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90003 004 ****61.25

DOCUMENT # 733284

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



Principal Place of Business
 2952 WELLINGTON CIRCLE
 TALLAHASSEE, FL 32309

Mailing Address
 2952 WELLINGTON CIRCLE
 TALLAHASSEE, FL 32309

40113430



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

TAIT, STAN
 2952 WELLINGTON CIRCLE
 TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

4. FEI Number
59-1876345

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

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	P	<input type="checkbox"/> Delete
NAME	TAIT, STANLEY L.	
STREET ADDRESS	8708 SPRING SHORE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCHARD, RICHARD	
STREET ADDRESS	2300 VIRGINIA AVE.	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	C	<input type="checkbox"/> Delete
NAME	ST DENIS, BRUCE	
STREET ADDRESS	501 BAY ISLES RD	
CITY-ST-ZIP	LONGBOAT KEY, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARKER, VIRGINIA	
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Donaldson	
STREET ADDRESS	8401 SE Monterey Pl	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE	Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Bontelle	
STREET ADDRESS	1500 Monroe St, 3rd Floor	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	Sec/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Flynn	
STREET ADDRESS	33 SW 2nd Ave, Ste 1100	
CITY-ST-ZIP	Miami, FL 33128	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stanley L. Tait 7/10/08 906/9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STANLEY L. TAIT