## 2008 NOT-FOR-PROFIT CORPORATION

## Aug 13, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #733284** 08-13-2008 90003 004 \*\*\*\*61.25 FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC. 40113430 Principal Place of Business Mailing Address 2952 WELLINGTON CIRCLE 2952 WELLINGTON CIRCLE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chq-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 59-1876345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAIT, STAN 2952 WELLINGTON CIRCLE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32309 City Zip Code FL 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by September 12, 2008 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition TAIT, STANLEY L. NAME STREET ADDRESS 8708 SPRING SHORE STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE TITLE ☐ Change ☐ Addition BOUCHARD, RICHARD NAME 2300 VRIGINIA AVE. STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP ☐ Addition Director Change TITLE ☐ Delete TITLE ST DENIS, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 501 BAY ISLES RD CITY-ST-ZIP LONGBOAT KEY, FL CITY-ST-ZIP Delete Vice Chair TITLE TITLE Addition Don Donaldson BARKER, VIRGINIA NAME NAME ayor SE montray PL 2725 JUDGE FRAN JAMIESON WAY STREET ADDRESS STREET ADDRESS VIERA, FL 32940 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete TITLE □ Change NAME NAME 3rd Flac oo manne st STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change TITLE Delete TITLE NAME NAME me Arc, Ske 1100 STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered. and SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 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

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