

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

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90060 039 \*\*\*\*61.25

**DOCUMENT # 745965**

1. Entity Name

**EXCELSIOR BEACH TO BAY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**6263 MIDNIGHT PASS ROAD  
SARASOTA FL 34242-2398**

Mailing Address

**6263 MIDNIGHT PASS ROAD  
SARASOTA FL 34242-2398**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2000926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIOTTI, CLYDE  
6263 MIDNIGHT PASS RD.  
SARASOTA FL 34242**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **IRMY, ENGELSON**  
STREET ADDRESS **6285 MIDNIGHT PASS DR.**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **T** ☐ Delete  
NAME **WAGNER, JOSEPH**  
STREET ADDRESS **6287 MIDNIGHT PASS RD**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☒ Delete  
NAME **TREFZGER, JIM**  
STREET ADDRESS **6268 MIDNIGHT PASS ROAD**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Delete  
NAME **GODIN, JOHN**  
STREET ADDRESS **6285 MIDNIGHT PASS RD**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **V** ☒ Delete  
NAME **VESY, JOHN**  
STREET ADDRESS **6263 MIDNIGHT PASS RD**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☐ Delete  
NAME **MARIOTTI, CLYDE**  
STREET ADDRESS **6263 MIDNIGHT PASS ROAD**  
CITY-ST-ZIP **SARASOTA FL 34242**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **V.P.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **WALTER KERR**  
CITY-ST-ZIP **6263 MIDNIGHT PASS RD**  
**SARASOTA FL 34242**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *John L. Godin* **JOHN L. GODIN**

**941-349-2001**

Date

Daytime Phone #