


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90012 032 \*\*\*\*61.25

<b>DOCUMENT # 745965</b> 1. Entity Name <b>EXCELSIOR BEACH TO BAY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6263 MIDNIGHT PASS ROAD SARASOTA FL 34242-2398</b>			Mailing Address <b>6263 MIDNIGHT PASS ROAD SARASOTA FL 34242-2398</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2000926</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARIOTTI, CLYDE 6263 MIDNIGHT PASS RD. SARASOTA FL 34242</b>			7. Name and Address of New Registered Agent Name <b>JOHN GODIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6263 MIDNIGHT PASS RD</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>		
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 <b>JOHN L. GODIN - PRESIDENT</b> <i>John L. Godin</i> <b>1/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	T WAGNER, JOSEPH 6287 MIDNIGHT PASS RD SARASOTA FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	P GODIN, JOHN 6285 MIDNIGHT PASS RD SARASOTA FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S KERR, WALTER 6263 MIDNIGHT PASS ROAD SARASOTA FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D MARIOTTI, CLYDE 6263 MIDNIGHT PASS ROAD SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D FOULKE, CHARLES 6263 MIDNIGHT PASS RD SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John L. Godin* **1-19-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1st MOORE CR2E037 (10/06)