

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755322

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE DOCK ON THE BAY ASSOCIATION, INC.

Current Principal Place of Business:

3440 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

3440 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2115950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SUSAN
3440 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: GEIS, DAVID
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DVP () Delete
Name: HOFFMANN, GREG
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: OLIN, RICHARD
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: WOOD, LIONEL
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D/T () Delete
Name: DICKERSON, DON
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: SMITH, SUSAN
Address: 3440 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SMITH

S

04/21/2009

Electronic Signature of Signing Officer or Director

Date