

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758451

FILED
Apr 14, 2009
Secretary of State

Entity Name: INN ON THE BEACH ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

200 SANDS POINT ROAD
LONGBOAT KEY, FL 34228

Current Mailing Address:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD, SUITE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228

FEI Number: 59-2229315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLANS, BETH
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

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: BETH CALLANS MANAGEMENT

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CINGUEGRANO, THOMAS P
Address: 4789 SWEET MEADOW CIR
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: PICHOWSKI, MARK D
Address: 4655 BAYSHORE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: T () Delete
Name: DUNN, JOSEPH
Address: 11 N. MARSH ROAD
City-St-Zip: SAVANNAH, GA 31410

Title: S () Delete
Name: NOBLE, DR. GEORGE
Address: 828 EVERGREEN WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: CONTINO, JAMES
Address: 854 BLUE SAGE STREE # 102
City-St-Zip: CELEBRATION, FL 34727

Title: D () Delete
Name: REYNOLDS, WILBUR
Address: 3576 FAIR OAKS WAY
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: THOMAS CINQUEGRANO

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date