

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006637

1. Entity Name  
GRAYTON BEACH NEIGHBORHOOD ASSOCIATION INC.



Principal Place of Business  
490 DEFUNIAK ST.  
GRAYTON BEACH, FL 32459

Mailing Address  
1414 COUNTY HWY 283 S ~~283~~ PBM 25  
SANTA ROSA BEACH, FL 32459

FILED

04 MAY 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-0362938

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAHLIE, SHIRLEY  
490 DEFUNIAK ST.  
GRAYTON BEACH, FL 32459

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

*Shirley P. Sahlie*  
Signature, typed or printed name of registered agent and title if applicable.

*Shirley P. Sahlie*  
(NOTE: Registered Agent signature required when reinstating)

5-1-04  
DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 D ☐ Delete  
NAME SAHLIE, SHIRLEY  
STREET ADDRESS 490 DEFUNIAK ST.  
CITY-ST-ZIP GRAYTON BEACH, FL 32459

TITLE DS ☒ Delete  
NAME COVELL, BONNIE  
STREET ADDRESS 79 LUPINE WAY  
CITY-ST-ZIP GRAYTON BEACH, FL 32459

TITLE D ☒ Delete  
NAME HAYNES, BETS  
STREET ADDRESS 2 HOTZ AVE.  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE D ☒ Delete  
NAME MONROE, PHIL  
STREET ADDRESS 105 GARFIELD ST.  
CITY-ST-ZIP GRAYTON BEACH, FL 32459

TITLE D ☒ Delete  
NAME FLORENCE, FRAN  
STREET ADDRESS 64 BANFILL ST.  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Scott Provow  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Lee Ellis, Lydia  
STREET ADDRESS 55 ~~Defuniak~~ St.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Change ☒ Addition  
NAME Pat Murphy  
STREET ADDRESS 42 Lydia St.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Change ☒ Addition  
NAME Lee Eyer  
STREET ADDRESS 466 Defuniak St.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

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

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:

*Shirley P. Sahlie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley P. Sahlie

5-1-04  
Date

205 231-1659  
Daytime Phone #