

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005064

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** THE BROADWAY TO SILVER BEACH NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

616 VERMONT AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

616 VERMONT AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

**FEI Number:** 59-3731561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARSALL, JAMES W  
350 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 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 ( ) Delete  
Name: COLT, PETER  
Address: 616 VERMONT AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: SNOW, RICHARD K  
Address: 616 VERMONT AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: SNOW, MARY M  
Address: 616 VERMONT AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: PEARSALL, JAMES W  
Address: 5 FAIRWAY CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: KEEFE, LOUIS  
Address: 315 VERMONT AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

**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:

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: JAMES WILLIAM PEARSALL

D

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date