

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005688

FILED
Apr 05, 2005
Secretary of State

Entity Name: SANDERS BEACH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1400 CYPRESS ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1400 CYPRESS ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 26-0053348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIGER, ROBERT J
1400 CYPRESS ST
PENSACOLA, FL 32501 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: C () Delete
Name: NEIGER, ROBERT J
Address: 1400 CYPRESS ST
City-St-Zip: PENSACOLA, FL 32501

Title: VC () Delete
Name: CORREDERA, JOSE
Address: 1622 SONIA ST
City-St-Zip: PENSACOLA, FL 32501

Title: SH () Delete
Name: NEIGER, NANCY
Address: 1400 CYPRESS ST.
City-St-Zip: PENSACOLA, FL 32501

Title: T () Delete
Name: HOMMELAND, DOLORES
Address: 701 SOUTH
City-St-Zip: PENSACOLA, FL 32501

Title: ECD () Delete
Name: STOUFFER, LLOYD WILLIAM
Address: 700 SOUTH 'E' ST
City-St-Zip: PENSACOLA, FL 32501

Title: ECD () Delete
Name: SUCHY, JAMES E
Address: 511 SOUTH 'E' ST
City-St-Zip: PENSACOLA, FL 32501

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 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 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: NANCY NEIGER

SH

04/05/2005

Electronic Signature of Signing Officer or Director

Date