

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N03000005497

1. Entity Name

ORIGINAL SAVE OUR BEACH, INC.



Principal Place of Business

411 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address

P.O. BOX 493
DEERFIELD BEACH, FL 33443



05242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0103826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNICK, A. THOMAS ESQ.
411 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLETT, BETT
STREET ADDRESS 48 NE 19TH TERR.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE PD
NAME MCGEARY, MARTI
STREET ADDRESS 1442 SE 6 ST.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE TD
NAME MCGEARY, JIM
STREET ADDRESS 1442 SE 6 ST.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D
NAME CARRIG, JOANNE
STREET ADDRESS 800 OCEAN BLVD., UNIT 608
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000765377
06/20/07-80002-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-421-5738