

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90295 038 \*\*\*\*70.00

**DOCUMENT # N04000003310**  
 1. Entity Name  
**MELBOURNE BEACH ALLIANCE, INC.**



Principal Place of Business  
 215 ASH AVE.  
 MELBOURNE BEACH, FL 32951

Mailing Address  
 215 ASH AVE.  
 MELBOURNE BEACH, FL 32951

**50043113**

2. Principal Place of Business  
**211 FLAMINGO LANE**

3. Mailing Address  
**P.O. Box 510014**

Suite, Apt. #, etc.



03232005 Chg-NP CR2E037 (10/03)

City & State  
**MELBOURNE BEACH FL**

City & State  
**MELBOURNE BEACH FL**

Zip  
**32951** Country **USA** Zip  
**32951-0014** Country **BREVARD**

FEI Number **41-2133145** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**HERBER, SCOTT A**  
**211 FLAMINGO LANE**  
**MELBOURNE BEACH, FL 32951**

7. Name and Address of New Registered Agent  
 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 **SCOTT A HERBER** *[Signature]* DATE **April 20, 05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROSS, XOCHITL	
STREET ADDRESS	1106 ATLANTIC ST.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEST, MICHAEL	
STREET ADDRESS	406 ATLANTIC ST.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAM, MARK	
STREET ADDRESS	410 ATLANTIC ST.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOWDY, GAIL	
STREET ADDRESS	215 ASH AVE.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, ALICE	
STREET ADDRESS	305 5TH AVE.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBER, SCOTT A	
STREET ADDRESS	211 FLAMINGO LANE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL MCKEE	
STREET ADDRESS	BREAKERS CONDOMINIUMS 2203-116	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BJ LOWER	
STREET ADDRESS	211 FLAMINGO LANE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHAEL WEST** *[Signature]* DATE **4-20-05** 722-1361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #