

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.

Suite, Apt. #, etc.

03232005 Chg-NP CR2E037 (10/03)

City & State
MELBOURNE BEACH, FL

City & State
MELBOURNE BEACH FL

FEI Number
41-2133145

Applied For
Not Applicable

Zip
32951

Country
USA

Zip
32951-0014

Country
BREVARD

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20, 05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERBER, SCOTT A 211 FLAMINGO LANE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHIL MCKEE BREAKERS CONDOMINIUMS 2203-116 MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BJ LOWER 211 FLAMINGO LANE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 722-1361

Date

Daytime Phone #