2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N05000001111

Entity Name: BEACHSIDE TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

245 JASON COURT
SATELLITE BEACH, FL 329373009

New Principal Place of Business:

1903 ATLANTIC STREET
#214
MELBOURNE BEACH, FL 32951

Current Mailing Address:

245 JASON COURT
SATELLITE BEACH, FL 329373009

New Mailing Address:

1903 ATLANTIC STREET
#214
MELBOURNE BEACH, FL 32951

FEI Number: 25-1913742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAUGHWOUT, ALLEN
245 JASON COURT
SATELLITE BEACH, FL 329373009 US

Name and Address of New Registered Agent:

COLLINS, ROSALIND
1903 ATLANTIC STREET
#214
MELBOURNE BEACH, FL 32951 US

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: ROSALIND COLLINS 01/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAINE, MARY
Address: 2105 SHANNON AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete
Name: TARANTO, MARIA
Address: 142 INDIGO COVE PLACE
City-St-Zip: MELBOURNE BEACH, FL 329513126

Title: T ( ) Delete
Name: COLLINS, ROSALIND
Address: 1903 ATLANTIC STREET #214
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T ( ) Delete
Name: HAUGHWOUT, ALLEN
Address: 245 JASON COURT
City-St-Zip: SATELLITE BEACH, FL 329373009

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSALIND COLLINS T 01/04/2006
Electronic Signature of Signing Officer or Director Date