2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2006 8:00 am Secretary of State DOCUMENT # N05000003579 02-13-2006 90043 029 ****61.25 BEACHES AQUATIC ASSOCIATION, INC. Principal Place of Business Mailing Address 297 AQUATIC DRIVE 297 AQUATIC DRIVE ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 2. Principal Place of Business 3. Mailing Address P.O. Box 330238 Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For BEACH FL 13-4296875 ATLANTIC Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32233 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Change ☐ Addition WILLIAMS BILL 535 DAVIS STREET NAME WILLIAMS, BILL NAME STREET ADDRESS 297 AQUATIC DRIVE STREET ADDRESS CHY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP 32266 NEPTUNE BEACH, FL VD POTTER, ALAN 374 SEDOND STREET TITLE ☐ Delete TITLE Change ☐ Addition POTTER, ALAN NAME NAME STREET ADDRESS 297 AQUATIC DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP ATLANTIC BEACH, FL 32233 TD TITLE ☐ Delete ☐ Addition WILLIAMS, JUNE 535 DAVIS STREET WILLIAMS, JUNE NAME NAME STREET ADDRESS 297 AQUATIC DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE ☐ Detete **Change** ☐ Addition POTTER, JANE POTTER JANE 374 SECOND STREET NAME NAME STREET ADDRESS 297 AQUATIC DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIF ATLANTIC BEACH, FL 30233 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:	Bill & Williams	BILL S. WILLIAMS	2-2-200	6 (904)246-3006
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #