


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90035 046 \*\*\*\*61.25

<b>DOCUMENT # N05000003579</b> 1. Entity Name BEACHES AQUATIC ASSOCIATION, INC.	
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Principal Place of Business 297 AQUATIC DRIVE ATLANTIC BEACH, FL 32233	Mailing Address P.O. BOX 330238 ATLANTIC BEACH, FL 32233
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**DO NOT WRITE IN THIS SPACE**

40004129



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4296875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPEIGEL & UTRERA, P.A. BILL WILLIAMS 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146 535 DAVIS STREET NEPTUNE BEACH, FL 32266
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**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 <u>Bill Williams (BILL WILLIAMS)</u> <u>Jan. 10, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, BILL 535 DAVIS STREET NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POTTER, ALAN 374 SECOND STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, JUNE 535 DAVIS ST NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POTTER, JANE 374 SECOND STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 the empowered.  SIGNATURE: <u>Bill Williams (BILL WILLIAMS)</u> <u>1-10-2008 904-246-3822</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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