

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 013 ****61.25

DOCUMENT # N10941

1. Entity Name
SOUTH BEACHES BASKETBALL ASSOCIATION, INC.



Principal Place of Business
**135 9TH AVE
INDIALANTIC, FL 32903 US**

Mailing Address
**SBBA
P O BOX 33024
INDIALANTIC, FL 32903 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2612833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEANS, THOMAS
135 9TH AVE
INDIALANTIC, FL 32903**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DEANS, THOMAS
135 9TH AVE
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, LISA
440 WAYNE AVE
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TERSECK, LINDA
1903 NEPTUNE AVE.
MELBOURNE BEACH, FL 32951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John Christiano
460 Ross Ave.
Melbourne Beach, Florida 32951 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCAFFREY, WENDY
128 PALMETTO AVE.
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Steve McGann
537 Coconut Drive
Indialantic, Florida 32903 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKEONE, THOMAS
7030 FLORIDANA AVE.
MELBOURNE BEACH, FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Shawn Adams
80 Mohican Way
Melbourne Beach, Florida 32951 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, THOMAS
120 DELVALLE ST.
MELBOURNE BEACH, FL 32951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

THOMAS W. DEANS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 321-728-2311