

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10941

FILED
May 24, 2006
Secretary of State

Entity Name: SOUTH BEACHES BASKETBALL ASSOCIATION, INC.

Current Principal Place of Business:

135 9TH AVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

SBBA
P O BOX 33024
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-2612833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEANS, THOMAS
Address: 135 9TH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: DAVIS, LISA
Address: 440 WAYNE AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: CHRISTIANO, JOHN
Address: 460 ROSS AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D (X) Delete
Name: MCCAFFREY, WENDY
Address: 128 PALMETTO AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete
Name: MCKEONE, THOMAS
Address: 7030 FLORIDANA AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MCGANN, STEVE
Address: 537 COCONUT DR
City-St-Zip: INDIALANTIC, FL 32903

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:

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: THOMAS W DEANS

P

05/24/2006

Electronic Signature of Signing Officer or Director

Date