2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N11940

1. Entity Name
THE TOWN & BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
360 SECOND STREET SOUTH NAPLES, FL 33940	C/O COASTAL PROPERTY 501 GOODLETTE RD. N., C-200 NAPLES, FL 34102

03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2121333
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COASTAL PROPERTY MGMT
501 GOODLETTE RD N
SUITE C-200
NAPLES, FL 34102

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPS, WILLIAM
STREET ADDRESS	360 SECOND STREET SOUTH
CITY-ST-ZIP	NAPLES, FL
TITLE	VPD
NAME	WICK, BLAISE
STREET ADDRESS	360 SECOND STREET SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	ST
NAME	CRISEIONE, ANN
STREET ADDRESS	360 SECOND ST SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/08-80009-024 61.25

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green -- Manager
03-05-2008 - Ph 239-434-2077