2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27348

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 26, 2006 Secretary of State

Entity Name: JEWFISH KEY PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 24 LONGBOAT KEY, FL 34228 **Current Mailing Address: New Mailing Address:** P.O. BOX 24 LONGBOAT KEY, FL 34228 FEI Number: 65-0059116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLIS, STEVE 528 SIESTA DRIVE SARASOTA, FL 34242 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STEVE, ELLIS BERGSTROM, KRISTIN Name: Name: 528 SIESTA DRIVE Address: P O BOX 18744 Address: City-St-Zip: SARASOTA FL 34242 City-St-Zip: ASHVILLE, NC 28814 Title: () Delete Title: () Change () Addition SCHANSMAN, RODNEY Name: Name: Address: 1218 MCLENDON AVE Address: City-St-Zip: ATLANTA, GA 30307 City-St-Zip: Title: V/D () Delete Title: P/D (X) Change () Addition DOBLIN, RICK DOBLIN, RICK Name: Name: Address: 3 FRANCIS STREET Address: 3 FRANCIS STREET City-St-Zip: BELMONT, MA 02478 City-St-Zip: BELMONT, MA 02478

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: RODNEY SCHANSMAN T/D 02/26/2006

(X) Delete

(X) Delete

BERGSTROM, JOAN

733 LAND'S END DR.

PATRICIA, ROBERTS

ELLENTON, FL 34222

509 SALLY LEE DR.

LONGBOAT KEY, FL 34228

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