


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90101 042 \*\*\*\*61.25

<b>DOCUMENT # N46974</b> 1. Entity Name <b>BEACH DRIVE AND DOWNTOWN BUSINESS ASSOCIATION, INC.</b>			
Principal Place of Business <b>SIGNATURE BANK 100 SECOND AVE N STE 100 ST PETERSBURG, FL 33701</b>		Mailing Address <b>100 SECOND AVE N STE 100 ST PETERSBURG, FL 33701</b>	
2. Principal Place of Business <b>BRUCE WATERS INC</b> Suite, Apt. #, etc. <b>224 BEACH DR. N.E.</b>		3. Mailing Address <b>224 BEACH DR. N.E.</b> Suite, Apt. #, etc.	
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>	
Zip <b>33701</b>	Country <b>US</b>	Zip <b>33701</b>	Country <b>US</b>
4. FEI Number <b>59-3169066</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FISHER, SUZANNE 156 BEACH DRIVE NE ST. PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent Name <b>BRUCE W. WATERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>224 BEACH DR. N.E.</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33701</b>	
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 <b>BRUCE W. WATERS</b>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, SUSAN 800 SECOND AVE NE ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRY ROTHSTEIN 146-2ND ST. N. SUITE 205 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORELL, SIMON 4940 72ND AVE N PINELLAS PARK, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOB SERATA 144 BEACH DR N.E. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTCHINGS, PATTY 175 5TH ST. N ST PETERSBURG, FL 33733	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERI ANDERSON 201-2ND AVE. N. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN, STODGELL 100 SECOND AVE N ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUCE W. WATERS 224 BEACH DR. N.E. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>BRUCE W. WATERS</b>		Date <b>1-13-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>727-896-6661</b>	