2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000017

1. Entity Name
DUNEDIN BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2530 GARY CIR UNIT 402 DUNEDIN, FL 34698 US	P.O. BOX 2722 DUNEDIN, FL 34698 US

02012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3302734
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, MARVIN N
2589 GARY CIR
DUNEDIN, FL 34698

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MILLS, TOM
STREET ADDRESS	340 CAUSEWAY BLVD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PD
NAME	STONE, MARVIN N
STREET ADDRESS	2589 GARY CIRCLE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	YEAGER, CAROL
STREET ADDRESS	2566 GARY CIRCLE A-11
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	TILLGES, NORMA
STREET ADDRESS	2530 GARY CIR # 402
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	BENJAMIN, HOWARD
STREET ADDRESS	340 CAUSEWAY BLVD #202
CITY-ST-ZIP	DUNEDIN, FL 346981747
TITLE	TD
NAME	MCCLOUD, JOAN M
STREET ADDRESS	2566 GARY CIRCLE A-10
CITY-ST-ZIP	DUNEDIN, FL 34698

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02/18/06-80068-016 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: Joan M McCloud JOAN M. McCLOUD 2/11/06 727-735-2892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #