

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 039 ****70.00

DOCUMENT # N95000002111

1. Entity Name

JENSEN BEACH MAIN STREET, INC.



Principal Place of Business

1930 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US

Mailing Address

P.O. BOX 1292
JENSEN BEACH, FL 34958-1292 US

54064512



01262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0580221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINNER, KAY
1999 NE JENSEN BCH BV
JENSEN BEACH, FL 34957

**DO NOT WRITE
IN THIS SPACE**

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

Kay Pinner President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	PINNER, KAY
STREET ADDRESS	1999 NE JENSEN BEACH BLVD
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<i>VP</i>
NAME	HICKEY, THOMAS
STREET ADDRESS	1930 NE JENSEN BEACH BLVD
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<i>T</i>
NAME	GARRIDO, DIANE B
STREET ADDRESS	1939 NE JENSEN BEACH BLVD
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<i>Frank Boland VP</i>
NAME	<i>3181 NE Palmetto Dr.</i>
STREET ADDRESS	<i>Jensen Beach FL 34957</i>
CITY-ST-ZIP	
TITLE	<i>Secretary</i>
NAME	<i>Pat Regan</i>
STREET ADDRESS	<i>34957</i>
CITY-ST-ZIP	<i>8 NE Bermuda St. Jensen Bch FL</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kay Pinner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-04

Date

772-334-2796

Daytime Phone #