

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90042 045 \*\*\*\*61.25

**DOCUMENT # N95000005229**

1. Entity Name

HOLMES BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business

ISLAND BRANCH LIBRARY  
5701 MARINA DRIVE  
HOLMES BEACH FL 34217  
US

Mailing Address

P.O. BOX 1944  
HOLMES BEACH FL 34218  
US

00040006



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0623626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMBERGER, SHIRLEY D  
512-71 ST STREET  
BRADENTON BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Shirley D. Romberger*, *SHIRLEY D. ROMBERGER*

*3-9-05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WIEDORN, AL ☐ Delete  
STREET ADDRESS 7007 GULF DR  
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE S  
NAME ROMBERGER, SHIRLEY D ☐ Delete  
STREET ADDRESS 512 71ST. ST.  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE T  
NAME STRICKLAND, MARY ☐ Delete  
STREET ADDRESS 3104 AVE E  
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D  
NAME STRICKLAND, LOUIE ☒ Delete  
STREET ADDRESS 3104 AVE E  
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D  
NAME CARNES, MARTHA ☒ Delete  
STREET ADDRESS 600 MANATEE AVE 227  
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D  
NAME HINES, BARBARA ☐ Delete  
STREET ADDRESS 119 81ST ST.  
CITY-ST-ZIP HOLMES BEACH FL 34217

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE J.P.  
NAME STRICKLAND, LOUIE ☒ Change ☐ Addition  
STREET ADDRESS 3104 AVE. E  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D.  
NAME JONES, MARYANN ☒ Change ☒ Addition  
STREET ADDRESS 509-77TH ST  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Shirley D. Romberger*

*SHIRLEY D. ROMBERGER*

*3-9-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #