

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002922

FILED
Apr 21, 2005
Secretary of State

Entity Name: BEACH TO BAY CONNECTION ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1129
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1129
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3384585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENBERG, CYNTHIA T
369 JOY LANE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MAXWELL, SHARON
Address: 74 BIRCH ST.
City-St-Zip: FREEPORT, FL

Title: D () Delete
Name: BURTON, TIANNA
Address: 205 CAMPBELL ST
City-St-Zip: SANTA ROSA BCH, FL

Title: D () Delete
Name: LATHAM, CAROLYN
Address: 219 HIGHLAND AVE
City-St-Zip: SANTA ROSA BCH, FL

Title: D () Delete
Name: MCQUISTON, BONNIE
Address: 14 ALLIGATOR COVE
City-St-Zip: GRAYTON BEACH, FL

Title: D () Delete
Name: ALEXANDER, CYNTHIA
Address: 56 OLD MILLER PL
City-St-Zip: GRAYTON BEACH, FL 32459

Title: PD () Delete
Name: COBENA, CELESTE
Address: 412 HILLTOP
City-St-Zip: SANTA ROSA BCH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CELESTE COBENA

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date