2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N96000002922

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 Chapter 119, 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 PD 04/12/2006

Electronic Signature of Signing Officer or Director — Date