

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 033 ****61.25

DOCUMENT # N96000003270					
1. Entity Name MARY STREET BEACH ACCESS MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 89 GULF DUNES LN 20 Lake Katherine SANTA ROSA BEACH, FL 32459 US Dr.			Mailing Address 3370 MOYE TRAIL DULUTH, GA 30097 US		
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 59-3386252	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DODSON, HECK 89 GULF DUNES LN SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name: <u>Larry Martin</u> Street Address (P.O. Box Number is Not Acceptable): <u>20 Lake Katherine Dr.</u> City: <u>Santa Rosa Beach, FL</u> Zip Code: <u>32459</u>		
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: <u>Leanne Ness, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: <u>8/14/06</u>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME DODSON, HECK <input type="checkbox"/> Delete		TITLE President	NAME Larry Martin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 89 GULF DUNES LN	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		STREET ADDRESS 20 Lake Katherine Dr.	CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE V	NAME MARTIN, LARRY <input type="checkbox"/> Delete		TITLE Secretary	NAME Jim Fortner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20 LAKE KATHERINE	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		STREET ADDRESS 122 Gulf Dunes Lane	CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE ST	NAME NESS, LEANNE <input type="checkbox"/> Delete		TITLE Treasurer	NAME Leanne Ness <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3370 MOYE TRAIL	CITY-ST-ZIP DULUTH, GA 30097		STREET ADDRESS 3370 moye Trail	CITY-ST-ZIP Duluth, GA 32459	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Leanne Ness/Leanne Ness</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8/14/06</u> Daytime Phone #: <u>678-957-0200</u>		

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