

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003270

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MARY STREET BEACH ACCESS MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

20 LAKE KATHERINE DR  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

3370 MOYE TRAIL  
DULUTH, GA 30097 US

**New Mailing Address:**

**FEI Number:** 59-3386252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, LARRY  
20 LAKE KATHERINE DR  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

NESS, LEANNE  
52 VAIL LANE  
SANTA ROSA BEACH, FL 32459 US

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: LEANNE NESS

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTIN, LARRY  
Address: 20 LAKE KATHERINE DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete  
Name: FORTNER, JIM  
Address: 126 GULF DUNES LN  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T ( ) Delete  
Name: NESS, LEANNE  
Address: 3370 MOYE TR  
City-St-Zip: DULUTH, GA

**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:

I hereby certify that the information supplied with this filing does not qualify 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: LEANNE NESS

TRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date