

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733284

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**8665197378CC**

**Entity Name:** FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

336 EAST COLLEGE AVENUE  
SUITE 204  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 13146  
TALLAHASSEE, FL 32317-3146

**FEI Number: 59-1876345**

**Certificate of Status Desired: No**

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

LARSON, JACQUELINE A.  
336 EAST COLLEGE AVENUE  
SUITE 204  
TALLAHASSEE, FL 32301 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:** JACQUELINE A. LARSON

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name LARSON, JACQUELINE A  
Address 336 EAST COLLEGE AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name UCHINO, STEPHEN  
Address 336 EAST COLLEGE AVENUE  
SUITE 204  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name HUNSICKER, CHARLIE  
Address 5502 33RD AVE. DRIVE WEST  
City-State-Zip: BRADENTON FL 34209

Title CHAIRMAN  
Name LEWIS, EMILY  
Address 18500 MURDOCK CIRCLE  
City-State-Zip: PUNTA GORDA FL 33950

Title VC  
Name BOUTELLE, STEVEN  
Address 1500 MONROE STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name BISHOP, JOHN  
Address 22211 US HIGHWAY 19 N.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name BLANCO-PAPE, MARINA  
Address 701 N.W. 1ST COURT  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name DOUGLAS, DAMON  
Address 2750 INDUSTRY CENTER ROAD  
City-State-Zip: ST. AUGUSTINE FL 32084

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JACQUELINE A. LARSON

**EXECUTIVE DIRECTOR**

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name REVORD, JOSHUA  
Address 3150 WILL FEE ROAD  
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR  
Name STUDT, ANDY  
Address 2300 NORTH JOG ROAD, 4TH FLOOR  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name WEBER, ROBERT  
Address 951 OKEECHOBEE ROAD  
SUITE A  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name GRAY, JAMES  
Address 114 SIXTH AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name ROWE, DAN  
Address 17001 PANAMA CITY BEACH  
PARKWAY  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title SECRETARY  
Name ZIMMERMAN, JANET  
Address 1314 MARCINSKI ROAD  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name MCGARRY, MIKE  
Address 2725 JUDGE JAMIESON WAY  
City-State-Zip: VIERA FL 32940