

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758848** (6)

1. Corporation Name

10 - 13 CLUB OF BREVARD COUNTY, INC.



Principal Place of Business Mailing Address
P O BOX 2621 SATELLITE BEACH FL 32937 **P O BOX 2621 SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified **06/22/1981** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-2166820** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SAVAGE, JIM
1108 FLOTILLA CLUB DR
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent

81 Name **NES ESTEFANI**
82 Street Address (P.O. Box Number is Not Acceptable) **2891 CHARTRES AVE**
83
84 City **MELBOURNE** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *N. Estefani* **N. ESTEFANI** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAVAGE, JIM	
STREET ADDRESS	1108 FLOTILLA CLUB DR	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, WILLIAM	
STREET ADDRESS	861 FOREST ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VECCHI, ANTHONY	
STREET ADDRESS	3606 SANDY CRANE CT	
CITY-ST-ZIP	MELBOURNE F	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NORBURY, BILL	
STREET ADDRESS	520 PALM SPRINGS BLVD	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSCHHAUSER, GEORGE	
STREET ADDRESS	3928 BAYBERRY DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, RANDY	
STREET ADDRESS	505 INWOOD LN	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NES ESTEFANI	
13 STREET ADDRESS	2891 CHARTRES AVE	
14 CITY-ST-ZIP	MELBOURNE, FL. 32935	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DONALD SMITH	
23 STREET ADDRESS	790 BECKER AVENUE	
24 CITY-ST-ZIP	PALM BAY FL 32905	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WALTER MANDICIA	
43 STREET ADDRESS	505 MAJORCA COURT	
44 CITY-ST-ZIP	SATELLITE BEACH FL. 32937.	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JACK E MAGEE	
63 STREET ADDRESS	399 FITNESS CIRCLE #5	
64 CITY-ST-ZIP	MELBOURNE FL 32901	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Mandicia* **Feb 12, 1996** 407 773 3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)