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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 02/13/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2166820 Applied For Not Applicable  
21 Suite, Apt #, etc 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
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

9. Name and Address of Current Registered Agent ESTEFANI, NES 2891 CHARTRES AVENUE MELBOURNE FL 32935  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ESTEFANI, NES [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	ESTEFANI, NES	1.2 NAME	
STREET ADDRESS	2891 CHARTRES AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	
TITLE	S SMITH, DONALD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	SMITH, DONALD	2.2 NAME	
STREET ADDRESS	790 BECKER AVENUE NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	2.4 CITY - ST - ZIP	
TITLE	D VECCHI, ANTHONY [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	VECCHI, ANTHONY	3.2 NAME	
STREET ADDRESS	3806 SANDY CRANE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	
TITLE	T MANDICK, WALTER [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MANDICK, WALTER	4.2 NAME	
STREET ADDRESS	555 MAJORICA COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D MARSCHHAUSER, GEORGE [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	MARSCHHAUSER, GEORGE	5.2 NAME	
STREET ADDRESS	3928 BAYBERRY DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	5.4 CITY - ST - ZIP	
TITLE	D MAGEE, JACK E [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	MAGEE, JACK E	6.2 NAME	
STREET ADDRESS	399 FITNESS CIRCLE, # 5	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: Jan 10, 1997 DAYTIME PHONE: 407 773 3750

CR2E037 (9/96)