


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 23 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 P O BOX 2621 SATELLITE BEACH FL 32937 | Mailing Address P O BOX 2621 SATELLITE BEACH FL 32937 |
|---|---|

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 06/22/1981 | Applied For Not Applicable |
| 4. FEI Number 59-2166820 | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 AL CORDOVA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 841 VILLA DRIVE |
| 83 |
| 84 City MELBOURNE |
| 85 Zip Code FL 32940 |

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: *Alfred Cordova* DATE: **3-12-98**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE P | ESTEFANI, NES 2891 CHARTRES AVENUE MELBOURNE FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE S | SMITH, DONALD 790 BECKER AVENUE NE PALM BAY FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE D | VECCHI, ANTHONY 3606 SANDY CRANE CT MELBOURNE F | <input type="checkbox"/> DELETE | |
| TITLE T | MANDICK, WALTER 555 MAJORICA COURT SATELLITE BEACH FL | <input type="checkbox"/> DELETE | |
| TITLE D | MARSCHHAUSER, GEORGE 3928 BAYBERRY DR MELBOURNE FL | <input type="checkbox"/> DELETE | |
| TITLE D | MAGEE, JACK E 399 FITNESS CIRCLE, # 5 MELBOURNE FL | <input type="checkbox"/> DELETE | |

| | | |
|-----------------------|---|--|
| 1.1 TITLE P | CORDOVA, AL 841 VILLA DRIVE MELBOURNE FL 32940 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE S | MARTINEZ, WILLIAM R 861 FOREST ST NE PALM BAY FL 32907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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: *WILLIAM R. MARTINEZ* DATE: **3/12/98** (407) 952-3431

CFR2E037 (10/97)