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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758848

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/22/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2166820	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORDOVA, AL 841 VILLA DR MELBOURNE FL 32940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVA, AL	1.2 NAME	
STREET ADDRESS	841 VILLA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, WILLIAM R	2.2 NAME	
STREET ADDRESS	861 FOREST ST NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECCHI, ANTHONY	3.2 NAME	
STREET ADDRESS	3606 SANDY CRANE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE F	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDICK, WALTER	4.2 NAME	STEIN, ROBERT
STREET ADDRESS	555 MAJORICA COURT	4.3 STREET ADDRESS	435 NEWPORT DR.
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	INDIALANTIC FL. 32903
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSCHHAUSER, GEORGE	5.2 NAME	SCOTT, KEVIN
STREET ADDRESS	3928 BAYBERRY DR	5.3 STREET ADDRESS	945 SONESTA AV. NE #208
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, JACK E	6.2 NAME	MAGEE, JACK E
STREET ADDRESS	399 FITNESS CIRCLE, # 5	6.3 STREET ADDRESS	1200 LARCH CIR NE # 102
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	PALM BAY FL 32905

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, with all other like empowered.

SIGNATURE: AL CORDOVA *Signature* 3-4-99 (407)254-1966
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)