

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706221** (9)

1. Corporation Name

PILOT CLUB OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
1756 CLOVER CIRCLE X X MELBOURNE FL 32935 US	1756 CLOVER CIRCLE X X MELBOURNE FL 32935 US

3. Date Incorporated or Qualified	FL 09/30/1963
4. FEI Number	59-6173302
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 535 Newport Drive Suite, Apt. #, etc.	26 535 Newport Drive Suite, Apt. #, etc.
22 City & State	27 City & State
23 Indialantic, FL	28 Indialantic, FL
24 Zip	25 Country
32903	US
29 Zip	30 Country
32903	US

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOFFITT, LISA 1756 CLOVER CIRCLE MELBOURNE FL 32935	81 Name Jeannie Walls 82 Street Address (P.O. Box Number is Not Acceptable) 535 Newport Drive 83 84 City Indialantic FL 85 Zip Code 32903

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 *Jeannie Walls* DATE 4-22-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LOVITT, JOAN	1.2 NAME	Maria C. Gault
STREET ADDRESS	581 HILLSIDE COURT	1.3 STREET ADDRESS	171 Martesia Way
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937
TITLE	PE	2.1 TITLE	PE
NAME	GAULT, MARIA C	2.2 NAME	Jean Urie
STREET ADDRESS	171 MARTESIA WAY	2.3 STREET ADDRESS	3525 Aspen Way
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	T	3.1 TITLE	T
NAME	MOFFITT, LISA	3.2 NAME	Jeannie Walls
STREET ADDRESS	1756 CLOVER CIRCLE	3.3 STREET ADDRESS	535 Newport Drive
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	RC	4.1 TITLE	RC
NAME	BRETZ, PEGGY	4.2 NAME	Peggy Bretz
STREET ADDRESS	2888 CORBUSIER DRIVE	4.3 STREET ADDRESS	2888 Corbusier Drive
CITY-ST-ZIP	MELBOURNE FL 32935	4.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD	5.1 TITLE	VD
NAME	JAMES, ANNE	5.2 NAME	Faye Pratt
STREET ADDRESS	3225 SAND DUNES COURT	5.3 STREET ADDRESS	239 Cinnamon Lake Circle
CITY-ST-ZIP	MELBOURNE FL 32951	5.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D	6.1 TITLE	D
NAME	SPILLERS, PATRICIA	6.2 NAME	Joan Lovitt
STREET ADDRESS	2317 PINEAPPLE AVENUE	6.3 STREET ADDRESS	581 Hillside Ct.
CITY-ST-ZIP	MELBOURNE FL 32935	6.4 CITY-ST-ZIP	Melbourne, FL 32935

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: *Jeannie Walls* 4-22-1998 (401) 725-0034

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