1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707351

1. Corporation Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business 770 POINSETTA DRIVE P.O. 80X 3722-82 SATELLITE BCH FL 32937-9282

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

770 POINSETTA DRIVE P.O. BOX 3722-82

SATELLITE BCH FL 32937-9282

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90049 018 ****61.25

3. Date Incorporated or Qualifed

05/26/1964

59-1710747

4. FEI Number

22 ([27]							
City & State					5. Certifcate of Status Desired	\$8.75 A Fee Re			
Zip	Country	Zip	Zip Country		6. Election Campaign Financing	\$5.00 Added to	•		
24	25	29 3	0		Trust Fund Contribution 10. Name and Address of New Register) F865		
	9. Name and Address of Current	Registered Agent	81	Name	TV. Name and Address of New Registe	neu Agent			
			61	Name		-			
HOBGOOD, DIANE 770 POINSETTA DRIVE SATELLITE BEACH FL 32937			82	Street A	reet Address (P.O. Box Number is Not Acceptable)				
			83						
			84	City		85 Zip C	ode		
						FL T			
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	nonzea by	ine como	corporation submits this statement for the purpor ration's board of directors. I hereby accept the a	se of changing its appointment as reg	registered gistered		
SIGNATURE									
OIGHATORE	Signature, typed or printed name of registered agent			t signature re	equired when reinstating) DAT		DC IN 40		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		Addition		
TITLE	PD	⊠ DELETE	1.1 TITLE		PD SARIE DAKER	Change	M vacionii		
NAME	OLIVE LEONARD		1.2 NAME		SADIE BAKER				
STREET ADDRESS	205 WILSON AVE		1.3 STREET	ADDRESS	685 GRANT COURT	=			
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-S	r-zip	SATELLITE BEACH, FL		. Addition		
TITLE	VD	₹ DELETE	2.1 TITLE		VD	Change	K Addition		
NAME	ELIZABETH PHILLIPS		2.2 NAME		SUZANNE HIGGINSON	•	.,		
STREET ADDRESS	215 CHALET AVE		2.3 STREE1	ADDRESS	1175 SR A1A #707				
CITY-ST-ZIP	INDIALANTIC FL		2. 4 CITY-S	T-ZIP	SATELLITE BEACH, FL 329		74160		
TITLE	V	DELETE	3.1 TITLE		V	☐ Change	Addition Addition		
NAME	ANNETTE KINTIGH		3.2 NAME		PAT PINDIAK	•			
STREET ADDRESS	255 LYNN AVE		3.3 STREET	ADDRESS	8085 S TROPICAL TRAIL				
CITY-ST-ZIP	SATELLITE BCH FL		3.4. CITY-S	T-ZIP	MERRITT ISLAND, FL 3295				
TITLE	S	E DELETE	4.1 TITLE		S	☐ Change	Addition		
NAME	ANN KIRCHHOFF		4. 2 NAME		ALICE VERNEZZE				
STREET ADDRESS	331 LEE AVE		4.3 STREET	ADDRESS	610 ROBIN WAY NORTH				
CITY-ST-ZIP	SATELLITE BCH FL		4.4 CITY-S	r-ZIP	SATELLITE BEACH, FL 329	37			
TITLE	S	⊠ DELETE	5.1 TITLE		S	☐ Change	Addition		
NAME	JOAN HOOVER		5.2 NAME		NORA SCOTT				
STREET ADDRESS	1208 SEMINOLE DRIVE		5.3 STREET	ADDRESS	790 VERBENIA DR				
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		5.4 CITY-S	T-ZIP	SATELLITE BEACH, FL 329				
TITLE	TO	K) DELETE	6.1 TITLE		TD	Change	Addition		
NAME	SADIE BAKER		6.2 NAME		KITTY WADE				
STREET ADDRESS	685 GRANT COURT		6.3 STREET	ADDRESS	320 LYNN AVE				
CITY-ST-ZIP	SATELLITE BEACH FL		6.4 CITY-S		SATELLITE BEACH, FL 320	37			
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	ne exempt	on stated	in Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the is	nformation		

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 informatio 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

STATE REQUIRE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

71799

(407)779-8897 Daytime Phone # R2E037 (11/98)

Applied For

Not Applicable