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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708161** (5)

1. Corporation Name

**HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.**

Principal Place of Business

Mailing Address

**1500 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935**

**1500 W. EAU GALLIE BLVD.  
STE A  
MELBOURNE FL 32935  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

**TRAVIS, DEL  
1500 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935**

3. Date Incorporated or Qualified

**11/25/1964**

4. FEI Number

**59-1448721**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

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

TITLE **EVP** ☐ DELETE

NAME **TRAVIS, DEL**  
STREET ADDRESS **4025 PARKWAY DR.**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE

NAME **MCWILLIAMS, DAVE**  
STREET ADDRESS **1790 N. HIGHWAY A1A**  
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **D** ☒ DELETE

NAME **MCDANIEL, LARRY**  
STREET ADDRESS **135 PLANTATION DR.**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☒ DELETE

NAME **PENCE, ROY**  
STREET ADDRESS **3115 NE DIXIE HIGHWAY**  
CITY-ST-ZIP **PALM BAY FL**

TITLE **P** ☒ DELETE

NAME **ARBUCKLE, NANCY**  
STREET ADDRESS **P.O. BOX 410369 N/A**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EVP/D** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S/D**  
3.3 STREET ADDRESS **Cragg, Anita**  
3.4 CITY-ST-ZIP **P.O. Box 51-0845 N/A  
Melbourne Beach, FL 32951**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **T/D**  
4.3 STREET ADDRESS **LaFleur, Paul**  
4.4 CITY-ST-ZIP **2950 W. New Haven Ave.  
Melbourne, FL 32904**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **P/D**  
5.3 STREET ADDRESS **Armstrong, David**  
5.4 CITY-ST-ZIP **7350 Talona Ave.  
W. Melbourne, FL 32904**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

3/20/98 (407) 254-3700

CR2E037 (10/97)