FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

522 PONDEROSA

DAVIDSON, MARY

4800 S.E. FEDERAL HWY, LOT 54

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

(9)

GERMAN AMERICAN CLUB OF THE TREASURE COAST, INC.

FILED Feb 18 1998 8:00am Secretary of State

Frincipal Flace	or Dusiness	Maining Address				
P O BOX 1876		317 TOPAZ TERRACE			3. Date Incorporated or Qualified	
PORT ST LUCIE FL 33452		JENSEN BEACH FL 34957			05/25/1976	
					4. FEI Number	Applied For
					59-1702937	Not Applicable
Principal Place of Business 2a. 21 26		2a. Mailing Address	— ,		6. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5,00 May Be
22					Trust Fund Contribution	Added to Fees
	City & State City & State				7. Is this nonprofit corporation a homeowners	association?
23		28			Yes [] No
Zip	Country	Zip	Counti	ry	8. This corporation owes or has paid the curre	- '
24	25	29	30			Yes No
9. Name and Address of Current Registered Agent				.1	10. Name and Address of New Registered A	igent
			B1	Name	Hars Schmalfel	dt
SCHWAERZLI, CHRIS			6:	2 Street A	Address (P.O. Box Number is Not Acceptable)	
317 TOPAZ TERRACE				1310	0 S.E. Pruitt Rd	B-301
JENSEN BEACH FL 34957				3		
						85 Zip Code
				1 6 6 1	rt St. Lucie FL	34952
11. Pursuant to the provisions of Sections 617.050? and 617.1508, Floride Statutes, the above-named corporation submits this statement for the 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 I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.						changing its registered
agent. I a	m familia with, and accept the oblig	ations of Section 617.0503, Flo	orida Statute	es.		
SIGNATURE	Tang Til	allelet			2~/3~	98
12.	Signature, typed or printed name of trigitured age	erit and tille Capplicable (NOTI D DIRECTORS	E: Registered A	gent signature i	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D OFFICENS AN	D DITY CTORS	1.1 TITLE	T		Change Addition
NAME	SORSCH, WERNER	A Deterio	1.2 NAME		, , co, or con	M
	3571 S.E. FAIRWAY WEST			ET ADDRESS	Josef Glass	•
STREET ADDRESS	STUART FL 34997				2581 Caladium Ar	21,00
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY- 2.1 TITLE		Portst. Lucie, FL 3	Change Addition
NAME	GLASS, JOSEPH	Kouch	2.2 NAME	l.		Part annual Part annual
STREET ADDRESS	2581 CALADIUM AVE.			ET ADDRESS	BIGG STEPHEN	-1 140
CITY-ST-Z#	PT. ST-LUCIE FL 34952		2.4 CITY		Ernie Stephen 8768 S.W. Fropie Stuart, FL 3	4997
TITLE	7	DELETE	3.1 TITLE		T	Change Addition
NAME	SCHWAERZLI, CHRIS	T	3.2 NAMI	į	Hans Schmalte	dt
STREET ADDRESS	317 TOPAZ TERRACE			ET ADDRESS	3100 C E Druitt	2d B-30/
CITY-ST-ZIP	JENSEN BEACH FL 34957		3.4. CITY		Part St. / was a	7 34952
TITLE	DBM	A DELETE	4.1 TITLE		Hans Schmalfer 3100 s.E. Pruittk Port St. Luciet 0 BM	Change Addition
NAME	WYNDHAM, JONES		4. 2 NAM		Ann Heim	
STREET ADORESS	602 S.W. JASLO AVE.			ET ADDRESS	522 Panolerasa	
CITY-ST-ZIP	PT. ST-LUCIE FL 34953		4.4 CITY-		Ft. Pierce, FL	34982
TITLE	D	X DELETE	5.1 TITLE		D , C, C	Change
NAME	HEM ANN	•	5.2 NAMI		Good Girahah	-

CITY-ST-ZIP SIUART FL 34997

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.

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

5.4 CITY - ST - ZIP

Polf Hans Schmalteldt 1-20-98

DELETE