# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14490** **(9)**

1. Corporation Name

**SPACE COAST TIGER BAY CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BRUCE JACOBUS<br>2380 BROOKSIDE WAY<br>INDIANLANTIC FL 32903<br>US | C/O BRUCE JACOBUS<br>P O BOX 373084<br>SATELLITE BCH FL 32903<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: **04/21/1986**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **59-2727234** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

**SPIELVOGEL, LEONARD**
**101 S. COURTENAY PARKWAY**
**SUITE 201**
**MERRITT ISLAND FL 32952**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDERSON, JOHN<br>1835 S. ATLANTIC #701<br>COCOA BEACH FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JACOBUS, BRUCE<br>47 W NEW HAVEN AVE<br>MELBOURNE FL | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STEELE, VAL M.<br>P O BOX 033108, N/A<br>INDIALANTIC FL | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>D'ALBORA, JOHN<br>BOX 39<br>COCOA BEACH FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ELLIS, BILL<br>1330 DONNA MARIE<br>MELBOURNE FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLOM, ELENA<br>483 BARRELLO LN<br>COCOA BEACH FL | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>Bob Lawton<br>14 Willow Green Dr.<br>Cocoa Beach, Fl. 32931 | ☐ Change ☒ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Caley, Fred<br>660 Woodbridge Dr.<br>Melbourne, Fl. 32940 | ☐ Change ☒ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | PD<br>D'Albora, John<br>Box 39<br>Cocoa, Fl. 32923-0039 | ☒ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | S/TD<br>Flom, Elena<br>483 Barello Lane.<br>Cocoa Beach, Fl. 32931 | ☒ Change ☐ Addition |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** _____ Mar. 28/96 777-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #