

2/16/98
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B-2081 'C

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Feb 16 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 # N14490 (9)

1. Corporation Name

SPACE COAST TIGER BAY CLUB, INC.

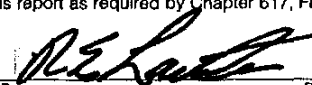


Principal Place of Business C/O BRUCE JACOBUS 2380 BROOKSIDE WAY INDIAN LANTIC FL 32903 US		Mailing Address C/O BRUCE JACOBUS P O BOX 373084 SATELLITE BCH FL 32903 US		3. Date incorporated or Qualified 04/21/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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		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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ANDERSON, JOHN 1835 S ATLANTIC, #701 COCOA BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D GRIESBAUM, JACK 3669 MUIRFIELD RD. TITUSVILLE, FL, 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWTON, BOB 14 WILLOW GREEN DR COCOA BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D HERBERT, TANYA 10 S. HARBOR CITY BLVD. MELBOURNE, FL, 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEY, FRED 680 WOODBRIDGE DR MELBOURNE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D HOYMAN, CHARLES 215 BAYTREE DR., STE, 1 MELBOURNE, FL, 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALBORA, JOHN BOX 39 COCOA BEACH FL (NA)	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D JENSEN, BOB (NA) P.O. BOX 1630 MELBOURNE, FL, 32902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, BILL 1330 DONNA MARIE MELBOURNE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D MANLEY, ROGER FIT MELBOURNE, FL, 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLOM, ELENA 483 BARRELO LN COCOA BEACH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MARTO, JOE 680 COUNTRY CLUB RD

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:  1/10/98 632-1111 Ext 64314

CR2E037 (10/97)

VD
MOLITOR, DON
625 FLORIDA AVE.
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D
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COCOA, FL ,32924

D
NOONAN, NORINE
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