

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14490

1. Corporation Name

SPACE COAST TIGER BAY CLUB, INC.

Principal Place of Business

C/O BRUCE JACOBUS  
2380 BROOKSIDE WAY  
INDIANLANTIC FL 32903  
US

Mailing Address

C/O BRUCE JACOBUS  
P O BOX 373084  
SATELLITE BCH FL 32903  
US

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90072 005 \*\*\*\*61.25



|                                |                     |                     |                     |                                                                                    |                                |
|--------------------------------|---------------------|---------------------|---------------------|------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>04/21/1986                                    |                                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-2727234                                                        | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             |                                                                                    |                                |

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                                               |
| 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                      | <del>12B</del> V. P.  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | ANDERSON, JOHN        | 1.2 NAME                                              | PITZGERARD, DAM                                                              |
| STREET ADDRESS             | 1835 S ATLANTIC, #701 | 1.3 STREET ADDRESS                                    | 15 W. Hibiscus Blvd.                                                         |
| CITY-ST-ZIP                | COCOA BEACH FL        | 1.4 CITY-ST-ZIP                                       | Melbourne, FL 32901                                                          |
| TITLE                      | <del>12C</del> D      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | LAWTON, BOB           | 2.2 NAME                                              | Griesbaum, Jack                                                              |
| STREET ADDRESS             | 14 WILLOW GREEN DR    | 2.3 STREET ADDRESS                                    | 3669 Muirfield Rd.                                                           |
| CITY-ST-ZIP                | COCOA BCH FL          | 2.4 CITY-ST-ZIP                                       | Vitusville, FL 32780-3443                                                    |
| TITLE                      | <del>12D</del> D      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GALEY, FRED           | 3.2 NAME                                              | H/T/D -                                                                      |
| STREET ADDRESS             | 680 WOODBRIDGE DR     | 3.3 STREET ADDRESS                                    | Herbert, Tanya                                                               |
| CITY-ST-ZIP                | MELBOURNE FL          | 3.4 CITY-ST-ZIP                                       | 10 S. Harbor City Blvd.                                                      |
| TITLE                      | <del>12E</del> D      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | D'ALBORA, JOHN        | 4.2 NAME                                              | Hoyman, Chas                                                                 |
| STREET ADDRESS             | BOX 39                | 4.3 STREET ADDRESS                                    | 215 Baytree Dr., Ste 1                                                       |
| CITY-ST-ZIP                | COCOA BEACH FL        | 4.4 CITY-ST-ZIP                                       | Melbourne, FL 32940                                                          |
| TITLE                      | <del>12F</del> D      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | ELLIS, BILL           | 5.2 NAME                                              | Jensen, Bob                                                                  |
| STREET ADDRESS             | 1330 DONNA MARIE      | 5.3 STREET ADDRESS                                    | P.O. Box 1630                                                                |
| CITY-ST-ZIP                | MELBOURNE FL          | 5.4 CITY-ST-ZIP                                       | Melbourne, FL 32902-1630                                                     |
| TITLE                      | <del>12G</del> PD     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | FLOM, ELENA           | 6.2 NAME                                              | Manley, Roger                                                                |
| STREET ADDRESS             | 483 BARRELO LN        | 6.3 STREET ADDRESS                                    | FIT, 150 University Blvd.                                                    |
| CITY-ST-ZIP                | COCOA BEACH FL        | 6.4 CITY-ST-ZIP                                       | Melbourne, FL 32901                                                          |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

632-1111

Ext 63004

Daytime Phone #

CR2E037 (11/98)

N 14490

259478 90072.5

Additional Board of Directors Membership

D

Marto, Joe  
1801 W. Hibiscus Blvd.  
Melbourne, Fl., 32901

V/D

~~Molitor, Don~~  
1795 Cogswell St.  
Rockledge, Fl., 32955

D

Simpkins, Bernie  
400 High Point Dr., Ste. 500  
Cocoa, Fl., 32926

D

Spearman, Guy  
P.O. Box 1541  
Cocoa, Fl., 32923-1541