

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90032 046 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                     |                                                              |                                                                                                                                                                                                                                 |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N18171</b><br>1. Entity Name<br><b>SPACE COAST MUSTANG CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                                                     |                                                              |                                                                                                                                                                                                                                 |                                                                              |
| Principal Place of Business<br><b>P O BOX 867<br/>COCOA, FL 32923</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                     | Mailing Address<br><b>P O BOX 867<br/>COCOA, FL 32923</b>    |                                                                                                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                              | 01232006 Chg-NP CR2E037 (11/05)                                                                                                                                                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | City & State                                                                                                        |                                                              | 4. FEI Number<br><b>59-3092439</b>                                                                                                                                                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Country                                                                                                             |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ROE, DAVID J<br/>311 PALM CT.<br/>INDIALANTIC, FL 32903</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Ted Ostovich</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>216 Waterside Drive</b><br>City <b>Indian Harbour Beach</b> <b>FL</b> Zip Code <b>32937</b> |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Ted Ostovich</i></u> <b>Ted Ostovich President</b> <b>1-24-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                         |                                                                           |                                                                                                                     |                                                              |                                                                                                                                                                                                                                 |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                              | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>ROE, DAVID S<br>311 PALM CT<br>INDIALANTIC, FL 32903                 | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | P<br>OSTOVICH, TED<br>216 WATERSIDE DR.<br>INDIAN HARBOUR BCH, FL 32937                                                                                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>OSTOVICH, TED<br>216 WATERSIDE DR.<br>INDIAN HARBOUR BCH, FL 32937   | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | V<br>ROE, DAVID S<br>311 PALM CT<br>INDIALANTIC, FL 32903                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>TIMOTHY, EARLE J<br>3472 TWELVE OAKS CIR<br>MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | S<br>                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>TRUNZO, RONALD<br>340 DIRSOTA PARKWAY<br>SATELLITE BEACH, FL 32937   | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Warren McKee<br>101 Las Palmas<br>Merritt Island, FL 32953                                                                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>Cancro, Resa<br>G25 JACKSON CT<br>SATELLITE BEACH, FL 32937          | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Dennis Reardon<br>3622 Egret Dr.<br>Melbourne, FL 32901                                                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>GOOD, DONALD<br>1604 JOLSON CT<br>MERRITT ISLAND, FL 32953           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Thomas Nagle<br>702 Bougainvillea Circle<br>Barefoot Bay, FL 32976                                                                                                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                           |                                                                                                                     |                                                              |                                                                                                                                                                                                                                 |                                                                              |
| SIGNATURE: <u><i>Ted Ostovich</i></u> <b>Ted Ostovich</b> <b>1-24-06</b> <b>321-698-7618</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                                                     |                                                              |                                                                                                                                                                                                                                 |                                                                              |