

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005221 (5)**  
1. Corporation Name  
**SATELLITE BEACH COMMUNITY SERVICES, INC.**



Principal Place of Business <b>510 CINNAMON DRIVE SATELLITE BEACH FL 32937 US</b>	Mailing Address <b>510 CINNAMON DRIVE SATELLITE BEACH FL 32937 US</b>
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3. Date Incorporated or Qualified <b>11/01/1995</b>		
4. FEI Number <b>59-3352842</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent  
**NORTHCUTT, WILLIAM R  
2194 HIGHWAY A1A STE 306  
INDIAN HARBOR BEACH FL 32937**

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 <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARK LOWE	
STREET ADDRESS	510 CINNAMON DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAM E. MAYER	
STREET ADDRESS	377 KINGSTON ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHN FERGUS	
STREET ADDRESS	135 MAPLE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAUL T. BRIMER	
STREET ADDRESS	220 LYNN AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL A. CREATURA	
STREET ADDRESS	510 CINNAMON DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LINDA C. HARLOW	
1.3 STREET ADDRESS	625 ANDERSON COURT	
1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT C. STOWE	
2.3 STREET ADDRESS	1456 OPERETTA AVE. S.E.	
2.4 CITY-ST-ZIP	PALM BAY, FL 32909	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *John Fergus* JOHN FERGUS 23 February 1998 (40) 223-2025

CR2E037 (1097)