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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000005221

1. Corporation Name
SATELLITE BEACH COMMUNITY SERVICES, INC.

477221 - 90049 - 34

Principal Place of Business: 510 CINNAMON DRIVE, SATELLITE BEACH FL 32937, US
 Mailing Address: 510 CINNAMON DRIVE, SATELLITE BEACH FL 32937, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1087 S. Patrick Drive	26 P.O. Box 2932	11/01/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3352842
City & State	City & State	Applied For
23 Satellite Beach, FL	28 Satellite Beach, FL	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
24 32937 25	29 32937 30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
NORTHCUTT, WILLIAM R 2194 HIGHWAY A1A STE 306 INDIAN HARBOR BEACH FL 32937		\$5.00 May Be Added to Fees
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
		FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK LOWE	1.2 NAME	Robert Stowe
STREET ADDRESS	510 CINNAMON DRIVE	1.3 STREET ADDRESS	530 Cinnamon Drive
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. MAYER	2.2 NAME	Wm. E. Mayer
STREET ADDRESS	377 KINGSTON ROAD	2.3 STREET ADDRESS	377 Kingston Road
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FERGUS	3.2 NAME	
STREET ADDRESS	135 MAPLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL T. BRIMER	4.2 NAME	
STREET ADDRESS	220 LYNN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL A. CREATURA	5.2 NAME	
STREET ADDRESS	510 CINNAMON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLOW, LINDA C	6.2 NAME	
STREET ADDRESS	625 ANDERSON COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	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, with all other like empowered.

SIGNATURE: MARK F. LOWE 4-28-99 (407) 773-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)