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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

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DOCU 1. Corporatio	MENT #	747925		(6)							
		REE ASSOCIATION	ON, INC.	• •							
rincipal Place	e of Business		Mailing A	ddress	•			1 100 III 100 II 0 FAJE 100 IO FOIE II			
239 COUNTE	Y CLUB DRIVE		239 COI	JNTRY CLUB D	RIVE						
MELBOURNE	FL 32940			IRNE FL 32940							
								3. Date Incorporated or Qualified	3	a. Date of Last	
Principal P	lace of Business		2a. Mailing	g Address		· · · · · · · · · · · · · · · · · · ·		06/29/1979 4. FEI Number		05/01/1	Applied For
			26					59-2025614			Not Applicable
Suite, Apt.	#, etc.			Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
City & State	e		27 City &	State				Election Campaign Financing		198	Required
Ĺ			28					Trust Fund Contribution			May Be
Zιp	├ ──	Country	Zip		Cou	ntry		8. This corporation has liability to			. 199.032,
<u>i</u>	9. Name and	Address of Current I	29 Registered A	lgent	30			Florida Statutes 10. Name and Address of New		s No	
						81 Nam	ie	TO. Hallio and Address of New	negien	PIGO MAGIN	
SABELL	I. ANN					82 Stree	at Address	s (P.O. Roy Number is Not Accept	able)		
6939 N WICKHAM RD						82 Street Address (P.O. Box Number is Not Acceptable)					
MELBOL	JRNE FL 32940					83					
					ŀ	84 City				85 2i	p Code
Duraniant	to the provisions of	0 0.7.0500				ŀ				FL 👸 🖺	
or register familiar wi	red agent, or both, ith, and accept the	in the State of Florida. obligations of, Section	nd 617.1508, . Such chang n 617.0503, F	Florida Statute e was authorize lorida Statutes.	s, the abored by the c	ve-named orporation	corporati 's board	ion submits this statement for the p of directors. I hereby accept the ap	purpose o pointme	of changing its i nt as registered	registered offic I agent. I am
GNATURE		d name of registered agent end	d title if applicable		E: Registered			hen reinstating)	D/	ATE	
GNATURE .	Signature, typed or printe		d title if applicable	(NO	E: Registered	Agent signatur	re required w	then reinstating) ADDITIONS/CHANGES TO OF	D/	AND DIRECTO	PRS IN 12
or register familiar wi	Signature, typed or printe	d name of registered agent and OFFICERS AND [d title if applicable		E: Registered	Agent signatur	re required w	nen reinstaling) ADDITIONS/CHANGES TO OF	D/	ATE	
GNATURE . LE ME	Signature, typed or printe PD REEVES, FRA	d name of registered agent and OFFICERS AND I	d title if applicable	(NO	TE: Registered 13. 1.1 TIT 1.2 NA	Agent signatur	PI	nen reinstaling) ADDITIONS/CHANGES TO OF	FFICERS	AND DIRECTO	PRS IN 12
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cath; that I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

2/20/96 Date