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Apr 15, 1999 8:00 am
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 # 700320

1. Corporation Name

PILOT CLUB OF VERO BEACH, INC.

Principal Place of Business

P.O. BOX 7049
 VERO BEACH FL 32961

Mailing Address

P.O. BOX 7049
 VERO BEACH FL 32961



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/14/1960

4. FEI Number

59-6140652

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

ALICIA M KILBOURNE
 2190 55TH AVE
 VERO BCH FL 32966

Eudora H Courtney
3855 Indian River Dr E
VERO BEACH, FL 32963

10. Name and Address of New Registered Agent

81 Name *Eudora H. Courtney*
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 *3855 Indian River Dr E.*
 84 City *VERO Beach* FL 85 Zip Code *32963*

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 *Eudora H Courtney - Treas.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | RIOTTO, MARYANN | |
| STREET ADDRESS | 14 VISTA GARDENS TRAIL, 102 | |
| CITY-ST-ZIP | VERO BEACH FL 32962 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JANET LABER | |
| STREET ADDRESS | 25 VISTA GARDENS TRAIL 101 | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | KRIEGER, MARILYN | |
| STREET ADDRESS | 6452 NW FRIENDLY CIRCLE | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34983 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | ALICIA M KILBOURNE | |
| STREET ADDRESS | 2190 55TH AVE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BARBARA MANN | |
| STREET ADDRESS | 113 PRESTWICK CIR | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SALVATORE, LUCY | |
| STREET ADDRESS | 20 VISTA GARDENS TRAIL, 102 | |
| CITY-ST-ZIP | VERO BEACH FL 32962 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | <i>President</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <i>Naylor, Lisa</i> | |
| 1.3 STREET ADDRESS | <i>5558 N. A1A</i> | |
| 1.4 CITY-ST-ZIP | <i>VERO Beach, FL 32963</i> | |
| 2.1 TITLE | <i>Secretary</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | <i>Bette, Lange</i> | |
| 2.3 STREET ADDRESS | <i>3336 4th Avenue</i> | |
| 2.4 CITY-ST-ZIP | <i>VERO Beach, FL</i> | |
| 3.1 TITLE | <i>Treas.</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | <i>Eudora Courtney</i> | |
| 3.3 STREET ADDRESS | <i>3855 Indian River</i> | |
| 3.4 CITY-ST-ZIP | <i>VERO Beach, FL 32963</i> | |
| 4.1 TITLE | <i>Vice Pres.</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | <i>Maryann Leukowicz</i> | |
| 4.3 STREET ADDRESS | <i>44 201 Vista Gardens Trail</i> | |
| 4.4 CITY-ST-ZIP | <i>VERO Beach, FL</i> | |
| 5.1 TITLE | <i>D</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | <i>Pat Emerick</i> | |
| 5.3 STREET ADDRESS | <i>1425 4th Avenue</i> | |
| 5.4 CITY-ST-ZIP | <i>VERO Beach, FL 32966</i> | |
| 6.1 TITLE | <i>D</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | <i>Barbara Wolfe</i> | |
| 6.3 STREET ADDRESS | <i>2140 55th Ave</i> | |
| 6.4 CITY-ST-ZIP | <i>VERO Beach, FL 32966</i> | |

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** *Eudora H Courtney* (561) 231-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)