

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720643

FILED
Apr 28, 2006
Secretary of State

Entity Name: SOUTH BREVARD FLOTILLA 42, INC.

Current Principal Place of Business:

327 ARCADIA CT
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

327 ARCADIA CT
MELBOURNE, FL 32901

New Mailing Address:

4905 BUTTONWOOD DR
MELBOURNE, FL 32940

FEI Number: 59-1966942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, SALVADOR F
327 ARCADIA CT
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGUINNESS, JAMES H
Address: 2724 MARIAH DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: PETERSON, PETER C
Address: 401 THIRD AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STM () Delete
Name: MARTINEZ, SALVADOR F
Address: 327 ARCADIA CT.
City-St-Zip: MELBOURNE, FL 32901

Title: VPD () Delete
Name: MOQUIN, JULES H
Address: 2641 VERMONT STREET
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: FREITAS, DANIEL REV
Address: 4905 BUTTONWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: MARTINEZ, SALVADOR F
Address: 327 ARCADIA CT.
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: COSTA, GLORIA C
Address: 4905 BUTTONWOOD DR
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA C COSTA

ST

04/28/2006

Electronic Signature of Signing Officer or Director

Date