2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90177 001 ****61.25

DOCUMENT # 743396

1. Entity Name
SOUTH BREVARD SENIORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
618 E. MELBOURNE AVE. MELBOURNE, FL 32901 US	618 E MELBOURNE AVE MELBOURNE, FL 32901 US

02242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1300 AIRPORT BLVD Suite, Apt. #, etc.	1300 AIRPORT BLVD Suite, Apt. #, etc.
City & State: MELBOURNE, FL	City & State: MELBOURNE FL
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. FEI Number 59-1898531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DINHO, ELAINE
2717 N WICKHAM RD.
SUITE 3
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE LAUDER, WILLIAM 1177 HWY A1A INDIALANTIC, FL 329032301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD PHILIPS, HAROLD G 839 BARBADOS AVE. MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILDA, MAHONEY 2927 GEMINU AVE. PALM BAY, FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANZ, CLIFFORD 1207 NOKEN ST. N.E. PALM BAY, FL. 32907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOODROW, MARY 214 HURST RD. NE PALM BAY, FL 32907	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOWELL, BARBARA 6694 FLAMINGO RD. MELBOURNE, FL. 32904	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORWALK, BETTY BYERS 50 NEW YORK WAY ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDA WINSON, MARGARET 387 LAMPLIGHTER DR MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Byers Norwalk 3-1-05 321-254-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #