2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90045 022 ****70.00

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1. Entity Name
SOUTH BREVARD SENIORS ASSOCIATION, INC.

50002329

Principal Place of Business	Mailing Address
1300 AIRPORT BOULEVARD MELBOURNE, FL 32901 US	1300 AIRPORT BOULEVARD MELBOURNE, FL 32901 US

03152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
DINHO, ELAINE 2717 N WICKHAM RD. SUITE 3 MELBOURNE, FL 32901	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 MASSEY, SHIRLEY A 1290 CYPRESS BEND CIR. MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODROW, WARREN A 230 BRANDY CREEK CIRCLE SE PALM BAY, FL. 32909	☒ 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	1VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANZ, CLIFFORD 1307 NOLEN ST.NE PALM BAY, FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP PAGE, PAM 8939 TROUT AVE. PALM BAY, FL. 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCARTY, PHYLLIS 521 EAST FREE AVE. MELBOURNE, FL 329011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOODROW, MARY M. 230 BRANDY CREEK CIRCLE SE PALM BAY, FL. 32909	☒ 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 LEASH, GLORIA 1181 SUNNY POINT DR. MELBOURNE, FL 32935	☒ 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 exemptions contained 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 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: Warren A. Woodrow WARREN A. WOODROW 3/22/2008 321-725-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #