

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 027 ****61.25

DOCUMENT # 756701

1. Entity Name
THE COUNTRY CLUB OF BREVARD INC.



Principal Place of Business:
**1591 SOUTH FISKE BOULEVARD
ROCKLEDGE, FL 32955**

Mailing Address
**1591 SOUTH FISKE BOULEVARD
ROCKLEDGE, FL 32955**

40067698



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2092758

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STAMER, GEORGE F
1811 HENSLEY DR.
ROCKLEDGE, FL 32955**

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

T
THOMPSON, GARY
99 N ATLANTIC AVE
COCOA BEACH, FL 32931

☐ Delete
☐ Change ☐ Addition

P
STAMER, GEORGE
1811 HENSLEY DR.
ROCKLEDGE, FL 32955

☐ Delete
☐ Change ☐ Addition

SD
CAMP, GLEN
2296 ROCKLEGDE DRIVE
ROCKLEDGE, FL 32955

☐ Delete
☐ Change ☐ Addition

V
ROSSI, GEORGE
1710 HARBOR OAKS PLACE
MERRITT ISLAND, FL 32952

☐ Delete
☒ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

Date

Daytime Phone #