## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT** #

**FILED** May 05 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address					
P.O. BOX 1314 MELBOURNE FL US	. 32902	P.O. BOX 1314 MELBOURNE FL 32902 US				plied For	
		28 410 N MIR	AMAR	: Av	□ ¢8.75		
27			<u> </u>		6. Election Campaign Financing \$5.00 I Trust Fund Contribution Added to		
					7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip 24 32903				A	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	10. Name and Address of New Registered Agent		
NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD STE 505			81 82				
			83				
	IRNE FL 32901		84	City	FL   _	Dode	
office or ri agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	norized by	the corp	corporation submits this statement for the purpose of changing it oration's board of directors. I hereby accept the appointment as	s registered registered	
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	egistered Age	nt signature	required when reinstating) DATE		
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	DS			TITLE Change		Addition	
NAME			1.2 NAME		·		

STREET ADDRESS 100 RIALTO PLACE 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZW 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE PRESNICK, DAVID M 2.2 NAME NAME 96 WILLARD ST SUITE 304 2.3 STREET ADDRESS STREET ADDRESS **COCOA FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE KEY, CATHERINE 3.2 NAME NAME 1600 WEST EAU GALLIE BLVD #203 3.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Сhange 4.1 TITLE TITLE 4.2 NAME NAME SIMMS, PENNIE 1004 BEVERLY DR SUITE F 4.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 4.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition Change DELETE 5.1 TITLE HAYDEN, NORMAN C 5.2 NAME NAME 100 RIALTO PALCE SUITE 720 5.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME HUFF, A. SCOTT 2361 W. Eau Gallie Blud., Ste. 1 Melbourno, FL 32935 800 S. BABCOCK ST., STE 403 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP CITY-ST-ZIP 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 pranged. On an attachment with an address.

3-24-98 (407) 724-1888