

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 011 ****61.25

DOCUMENT # N00000001155

1. Entity Name
**THE ROTARY CLUB OF SEBASTIAN RECREATION
FOUNDATION, INC.**



Principal Place of Business
2019 E. LAKEVIEW DR.
SEBASTIAN, FL 32958 US

Mailing Address
P O BOX 781783
SEBASTIAN, FL 32978 US

40050910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3608178

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

FREDERICKS, ROBERT R
2019 E. LAKEVIEW DR
SEBASTIAN, FL 32958

Change

Name *Rosemarie Mascarenhas*

Street Address (P.O. Box Number is Not Acceptable)
883 Toluca St SE

City *Palm Bay*

FL Zip Code *32909*

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.

Rosemarie Mascarenhas

SIGNATURE

Rosemarie Mascarenhas

Treasurer

4/13/06

(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, 2006**

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 ☒ Delete
NAME *D*
STREET ADDRESS *JUTRAS, GEORGE*
CITY-ST-ZIP *881 ROBIN LANE*
SEBASTIAN, FL 32958 *Change*

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS *Michael Stutsky*
CITY-ST-ZIP *3000 AIA PHG-B*

TITLE ☒ Delete
NAME *TD*
STREET ADDRESS *FREDERICKS, ROBERT R*
CITY-ST-ZIP *2019 E. LAKEVIEW DR*
SEBASTIAN, FL 32958 *change*

TITLE ☒ Change ☐ Addition
NAME *TD*
STREET ADDRESS *Rosemarie Mascarenhas*
CITY-ST-ZIP *883 Toluca St SE*
Palm Bay, FL 32909

TITLE ☐ Delete
NAME *PD*
STREET ADDRESS *SLEEGER, DORIS*
CITY-ST-ZIP *958 WATER WAY DR*
SEBASTIAN, FL 32978

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *FALZONE, JOE*
CITY-ST-ZIP *12405 ROSELAND DR*
SEBASTIAN, FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rosemarie Mascarenhas*

4/13/06

77A

589-0633

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #