

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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**



01192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**MASCARENHAS, ROSEMARIE
883 TOLUCA ST SE
PALM BAY, FL 32909**

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IN THIS SPACE**

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 reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STUTSKY, MICHAEL**
STREET ADDRESS **3000 A1A PHG-B**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **TD**
NAME **MASCARENHAS, ROSEMARIE**
STREET ADDRESS **883 TOLUCA ST SE**
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **PD**
NAME **SLEEEGER, DORIS**
STREET ADDRESS **958 WATER WAY DR**
CITY-ST-ZIP **SEBASTIAN, FL 32976**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/26/07-00019-017 61.25

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

Date

Daytime Phone #