2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2004 8:00 am
Secretary of State
05-04-2004 90170 024 ****61.25

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DOCUMENT # N02000005546

1. Entity Name
SOUTH BREVARD GOLF ASSOCIATION, INC.

66426568

Principal Place of Business	Mailing Address
121 E. HIBISCUS BLVD. MELBOURNE, FL 32901	121 E. HIBISCUS BLVD. MELBOURNE, FL 32901

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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-1967986

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SELF, JAMES H
121 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANFORD, ALBERT M
STREET ADDRESS	221 NESBITT ST., NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	BLEVINS, JAMES R
STREET ADDRESS	1399 MEADOWBROOK RD., NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D
NAME	SELF, JAMES H
STREET ADDRESS	121 E. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 #