


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005546</b> 1. Entity Name <b>SOUTH BREVARD GOLF ASSOCIATION, INC.</b>	
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Principal Place of Business <b>121 E. HIBISCUS BLVD. MELBOURNE, FL 32901</b>	Mailing Address <b>121 E. HIBISCUS BLVD. MELBOURNE, FL 32901</b>
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-1967986</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SELF, JAMES H 121 E. HIBISCUS BLVD. MELBOURNE, FL 32901</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANFORD, ALBERT M 221 NESBITT ST., NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLEVINS, JAMES R 1399 MEADOWBROOK RD., NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELF, JAMES H 121 E. HIBISCUS BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000355383 05/03/05-80146-005 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(b), 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 fees empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/27/05</b> <small>Daytime Phone #</small>