

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005546

1. Entity Name
SOUTH BREVARD GOLF ASSOCIATION, INC.



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

Mailing Address
121 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006 REIN-NP CR2E099 (11/05) 06

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SANFORD, ALBERT M
STREET ADDRESS 221 NESBITT ST., NE
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500080640525
CITY-ST-ZIP 10/09/06--01052--003 **\$61.25

TITLE D ☐ Delete
NAME BLEVINS, JAMES R
STREET ADDRESS 1399 MEADOWBROOK RD., NE
CITY-ST-ZIP PALM BAY, FL 32905

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

TITLE D ☐ Delete
NAME SELF, JAMES H
STREET ADDRESS 121 E. HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE, FL 32901

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/06

Date

Daytime Phone #