

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007247

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** PORT MALABAR COUNTRY CLUB COMMUNITY ASSOCIATION INC.

**Current Principal Place of Business:**

PO BOX 61304  
PALM BAY, FL 32906

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 61304  
PALM BAY, FL 32906

**New Mailing Address:**

**FEI Number:** 20-1277847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, JIMMIE G  
779 SEYMOUR RD NE  
PALM BAY, FL 329055024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MCKEGG, W. CAMPBELL  
Address: 665 PINEHURST CIRCLE NE  
City-St-Zip: PALM BAY, FL 32905

Title: V ( ) Delete  
Name: MOORE, JIMMIE G  
Address: 779 SEYMOUR RD NE  
City-St-Zip: PALM BAY, FL 32905

Title: P ( ) Delete  
Name: DAR, ELWIN A  
Address: 1241 MEADOWBROOK RD NE  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: SEYFERT, GEORGE  
Address: 1425 SCEATER COURT NE  
City-St-Zip: PALM BAY, FL K32905

Title: S ( ) Delete  
Name: DAY, DEBRA  
Address: 1241 MEADOWBROOK RD NE  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: BURGIN, RICHARD  
Address: 755 SEYMOUR RD NE  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MOORE, JIMMIE G  
Address: 779 SEYMOUR RD NE  
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Change ( ) Addition  
Name: DAR, ELWIN A  
Address: 1241 MEADOWBROOK RD NE  
City-St-Zip: PALM BAY, FL 32905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CAMPBELL MCKEGG, JR

T

04/11/2005

Electronic Signature of Signing Officer or Director

Date