

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 017 \*\*\*\*61.25

|                                                                               |         |                                                              |         |
|-------------------------------------------------------------------------------|---------|--------------------------------------------------------------|---------|
| <b>DOCUMENT # N04000007247</b>                                                |         |                                                              |         |
| 1. Entity Name<br><b>PORT MALABAR COUNTRY CLUB COMMUNITY ASSOCIATION INC.</b> |         |                                                              |         |
| Principal Place of Business<br><b>PO BOX 61304<br/>PALM BAY FL 32906</b>      |         | Mailing Address<br><b>PO BOX 61304<br/>PALM BAY FL 32906</b> |         |
| 2. Principal Place of Business - No P.O. Box #                                |         | 3. Mailing Address                                           |         |
| Suite, Apt. #, etc.                                                           |         | Suite, Apt. #, etc.                                          |         |
| City & State                                                                  |         | City & State                                                 |         |
| Zip                                                                           | Country | Zip                                                          | Country |



1st MOORE CR2E037 (10/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>SEYERT, GEORGE<br/>1425 SCEPTER COURT WE<br/>PALM BAY FL 32905-5024</b>                                                                                                                                                                                                                                                                                                                                                           |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u>George Seyfert</u> <u>Treasurer</u> <u>GEORGE SEYFERT</u> <u>2/2/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |                                                                                                                                         |  |

|                                                        |                                                                                                                           |                                                              |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>SEYFERT, GEORGE<br>1425 SCEPTER COURT WE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>WOOD, RUSSELL<br>986 WAIALAE CIRCLE NE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | PD<br>madge, charles<br>1508 meadowbrook rd NE<br>Palm Bay FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>MADGE, CHARLES<br>1508 MEADOWBROOK RD NE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | VP<br>TKACS, RANDY<br>634 Pinehurst Circle NE<br>Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>HAMMOND, DENZIL<br>1110 FAIRWAY COURT NE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | D<br>wood, Russell<br>986 Waiialae Circle NE<br>Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>WILLIAMS, SUZANNE<br>698 AUGUSTA CIRCLE NE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | S<br>Alexa Peronard<br>661 Port Malabar Blvd NE<br>Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>BURGIN, RICHARD<br>755 SEYMOUR RD NE<br>PALM BAY FL 32905 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George Seyfert GEORGE SEYFERT 2/2/07 321-783-0930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #