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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13145** **(0)**

1. Corporation Name

THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC.

Principal Place of Business	Mailing Address
607 SE CHAPMAN AVENUE PORT ST. LUCIE FL 34984 US	P O BOX 873 STUART FL 34995-0873 US

3. Date Incorporated or Qualified: **01/22/1986**
3a. Date of Last Report: **07/08/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: **59-2454052** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASKALY, GUS
607 SE CHAPMAN AVENUE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: KISHEL, RALPH
82 Street Address (P.O. Box Number is Not Acceptable): 2600 E. Ocean Blvd.
83: KK-12
84 City: Stuart, Fl **FL** 85 Zip Code: 34996

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: RALPH KISHEL PRES — 5-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAYNER, EVELYN 120 BEACH AVENUE NE PORT ST. LUCIE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition VD GITHENS, CARMEN 7909 SE VILLA CIR. HOBE SOUND, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZIZZA, KAY 2938 SW SUKNSET TRACE PALM CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition TD DEMARIA, JOSEPH 3527 MARLBERRY CT. PORT ST.LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, PAT 2929 SE OCEAN BLVD 112-4 STUART FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition D ZIZZA, KAY 2938 SW SUNSET TRACE CIR PALM CITY, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, JIM 211 SW S RIVER DRIVE STUART FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition D PORPORA, BLANCHE 532 SE WHITMORE DR. PORT ST. LUCIE, FL 34984
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVERONE, MICKIE 70 BLACKBURN TR STUART FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition D BORRA, WILLIAM E., SR. 6092 RIVER BOAT DR. #737 STUART, FL 34997
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, HAZEL P.O. BOX 2066 STUART FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition D HICKS, JIM 211 S W S RIVER DRIVE, APT. #105 STUART, FL 34997

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RALPH KISHEL PRES — 4-15-98 — 561 220 0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071001