2002 UNIFORM BUSINESS REPORT (UBR)

5/6/2002-90117-040-$61.25-$61.25

DOCUMENT # N13145

FILED

02 MAY 28 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

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

Principal Place of Business	Mailing Address
3195 NE SAVANA RD JENSEN BCH FL 34984 US	414 PONDEROSA DR. FT PIERCE FL 34982 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 873
City & State	Suite, Apt. #, etc.
Zip / Country	STUART, FL
	City & State: 34995
	Zip / Country

4. FEI Number 59-2454052 — 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
GREENWALD, EVELYN 414 PONDEROSA DR. FT PIERCE FL 34982	Name: MARIE S. VOLPONI Street Address (P.O. Box Number is Not Acceptable): 2219 SE GLOVER ST. City: PORT ST. LUCIE, FL State: FL Zip Code: 34984

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.

SIGNATURE x Marie Stella Volponi 4-14-02

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	ELLSWORTH, SOFIA		NAME	ELLSWORTH, SOFIA	
STREET ADDRESS	2600 SE OCEAN BLVD.		STREET ADDRESS	2600 S.E. OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART, FL. 34996	
TITLE	P	☑ Delete	TITLE	P	☐ Change ☑ Addition
NAME	GREENWALD, EVELYN		NAME	MARIE STELLA VOLPONI	
STREET ADDRESS	414 PONEROSA DR.		STREET ADDRESS	2219 SE GLOVER ST	
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	D	☐ Delete	TITLE	T	☐ Change ☑ Addition
NAME	WHITING, ROSE MARIE		NAME	MARGARET DAGULEY	
STREET ADDRESS	1123 ALAMANDA LANE		STREET ADDRESS	3196 SW SUNSET TRACE CIRCLE	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	PALM CITY FL. 34990	
TITLE	D	☐ Delete	TITLE	1ST VP	☑ Change ☐ Addition
NAME	HILLER, JO A		NAME	HILLER, JO A	
STREET ADDRESS	6531 SE FEDERAL HWY		STREET ADDRESS	6531 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	STUART FL 34997	
TITLE	D	☐ Delete	TITLE	2ND VP	☑ Change ☐ Addition
NAME	DEMARIA, JOE		NAME	DEMARIA, JOSEPH	
STREET ADDRESS	8527 MARLBERRY CT		STREET ADDRESS	8527 MARLBERRY CT.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP	PORT ST. LUCIE FL. 34952	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TROCCOLI, DOROTHY		NAME		
STREET ADDRESS	4275 SE BRITTNEY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP		

CR2E037 (9/01)

12. I 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 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: x Marie Stella Volponi 4-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #