

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N19395** (5)  
1. Corporation Name  
**EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.**



Principal Place of Business	Mailing Address
P.O. BOX 4059 INDIALANTIC FL 32903	P.O. BOX 4059 INDIALANTIC FL 32903

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

3. Date Incorporated or Qualified	Applied For
02/24/1987	Not Applicable
4. FEI Number	
59-2775875	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent  
**BALDWIN, LORI**  
**211 PONKA POAG WAY**  
**INDIAN HARBOR BEACH FL 32937**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	OSINIACK, KAREN V.P.D.
NAME	RACE, PAMELA	1.2 NAME	5055 Dixie Hwy NE B303
STREET ADDRESS	101 LA COSTA ST APT B8	1.3 STREET ADDRESS	PAIM Bay Fla. 32905
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	Robertson, Dana S.D.
NAME	POORBAUGH, STEVEN L.	2.2 NAME	102 Martesia way
STREET ADDRESS	333 NAUTICA CT	2.3 STREET ADDRESS	Indian Harbour Bch Fla 32937
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	PRESIDENT/DIRECTOR
NAME	BALDWIN, LORI	3.2 NAME	BALDWIN, LORI
STREET ADDRESS	211 PONKAOAG WAY	3.3 STREET ADDRESS	211 PONKAOAG WAY
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY-ST-ZIP	INDIAN HARBOR Bch, FL 32937
TITLE	SD	4.1 TITLE	
NAME	SCHOLAND, DIANE	4.2 NAME	
STREET ADDRESS	735 FAIRWAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ DATE: 1-6-98 DAYTIME PHONE: 407-777-5895

CR2E037 (10/97)