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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19395

1. Corporation Name

EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.

Principal Place of Business

P.O. BOX 4059
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 4059
INDIALANTIC FL 32903



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/24/1987

4. FEI Number

59-2775875

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VPD
NAME OSINIAK, KAREN
STREET ADDRESS 5055 DIXIE HWY NE B303
CITY-ST-ZIP PALM BAY FL 32905

TITLE TD
NAME POORBAUGH, STEVEN L.
STREET ADDRESS 333 NAUTICA CT
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

TITLE VPD
NAME BALDWIN, LORI
STREET ADDRESS 211 PONKAOAG WAY
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

TITLE SD
NAME ROBERTSON, DANA
STREET ADDRESS 102 MARTESIA WAY
CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937

TITLE PD
NAME BALDWIN, LORI
STREET ADDRESS 211 PONKAOAG WAY
CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VP + D**
1.3 STREET ADDRESS **TERRI ENO MAXNER**
1.4 CITY-ST-ZIP **505 N. MIRAMAR #303**
INDIALANTIC, FL. 32903

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)