

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N19956**

(4)

1. Corporation Name

**SOUTH BREVARD AQUATICS, INC.**



Principal Place of Business

Mailing Address

**3913 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

**3913 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

3. Date Incorporated or Qualified

**04/02/1987**

3a. Date of Last Report

**02/21/1995**

2. Principal Place of Business

2a. Mailing Address

**21 3565 Egret Drive**

**26 3565 Egret Drive**

4. FEI Number

**59-2793916**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Melbourne, FL**

**28 Melbourne, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 32901**

**25 Brevard**

**29 32901**

**30 Brevard**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREER, JIM  
3913 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

**81 Name Simone Burns**

**82 Street Address (P.O. Box Number is Not Acceptable)  
3565 Egret Drive**

**83**

**84 City Melbourne, FL 85 Zip Code 32901**

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

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

**Simone Burns, Treasurer**

**2/22/96**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>PO</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>POHORENEG, NANCY</del>	
STREET ADDRESS	<del>1237 CIMARRON CR NE</del>	
CITY-ST-ZIP	<del>PALM BAY FL</del>	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MASCHER, KEITH</del>	
STREET ADDRESS	<del>102 HURTIQ AVE NW</del>	
CITY-ST-ZIP	<del>PALM BAY FL</del>	
TITLE	<del>T</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>INGOGLIA, JANE</del>	
STREET ADDRESS	<del>1100 HUMAY AVE NE</del>	
CITY-ST-ZIP	<del>PALM BAY FL</del>	
TITLE	<del>SD- PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	<del>REES, CAROL</del>	
STREET ADDRESS	<del>701 COTTBUS AVE NW</del>	
CITY-ST-ZIP	<del>PALM BAY FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>HUGHES, MARIAN</del>	
STREET ADDRESS	<del>7972 TIMBERLAKE DRIVE</del>	
CITY-ST-ZIP	<del>MELBOURNE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MCATEER, NANCY</b>	
1.3 STREET ADDRESS	<b>797 Penguin Ave NE</b>	
1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Burns, Simone</b>	
2.3 STREET ADDRESS	<b>3565 Egret Drive</b>	
2.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Clark, Becky</b>	
3.3 STREET ADDRESS	<b>1018 Utah St</b>	
3.4 CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	
4.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rees, Carol</b>	
4.3 STREET ADDRESS	<b>701 Cottbus Ave NW</b>	
4.4 CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Simone Burns* **Simone Burns**

**2-22-96** **1-407-961-0442**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)