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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19956 (4)

1. Corporation Name

SOUTH BREVARD AQUATICS, INC.

Principal Place of Business

Mailing Address

1010 BILLIAR AVE NE
PALM BAY FL 32907
US

101 BILLIAR AVE NE
PALM BAY FL 32907
US

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number

59-2793916

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 118 E. FEE AVE
Suite, Apt. #, etc.

26 P.O. Box 927
Suite, Apt. #, etc.

City & State

City & State

23 Melbourne, FL

28 Melbourne, FL

Zip

Country

Zip

Country

24 32901

25 US

29 32902

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, SANDRA
1010 BILLIAR AVE NE
PALM BAY FL 32907

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SURO, DEBBIE	
STREET ADDRESS	1896 FAIRLIGHT ST NW	
CITY - ST - ZIP	PALM BAY FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, SIMONE	
STREET ADDRESS	3565 EGRET DRIVE	
CITY - ST - ZIP	MELBOURNE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, BECKY	
STREET ADDRESS	1018 UTAH ST.	
CITY - ST - ZIP	PALM BAY FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REES, CAROL	
STREET ADDRESS	701 COTTBUS AVE NW	
CITY - ST - ZIP	PALM BAY FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, SANDRA	
STREET ADDRESS	101 BILLIAR AVE NE	
CITY - ST - ZIP	PALM BAY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRENNAN, NANCY	
STREET ADDRESS	1129 PEACOCK AVE NE	
CITY - ST - ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christina Gast	
1.3 STREET ADDRESS	4460 COREY RD.	
1.4 CITY - ST - ZIP	Valkaria FL 32950	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathleen Shiver	
2.3 STREET ADDRESS	250 Pelican DR.	
2.4 CITY - ST - ZIP	NE Palm Bay, FL 32907	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

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 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: Christina M. Gast 2/27/98 (407) 951-1978

CR2E037 (10/97)