

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED
MAY - 1 11 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22992** (4)
1. Corporation Name
SOUTH BREVARD BOARDSAILING CLUB, INC.

Principal Place of Business Mailing Address
%CATHERINE L. MYERS
PO BOX 4114
INDIALANTIC FL 32903-1114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1987	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2779010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
MYERS, CATHERINE L.
6750 WARD PARKWAY
MELBOURNE FL 32904

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Catherine L. Myers* **CATHERINE L. MYERS** *Apr 30, 1995*
Signature of current registered agent and one applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	BARONE, PHILIP M.
STREET ADDRESS	332 BEACH ST.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	CD
NAME	DOWNEY, ROBERT E
STREET ADDRESS	5745 CAJEPUT CIRCLE
CITY - ST - ZIP	MELBOURNE VILLAGE FL 32904
TITLE	T
NAME	CONJELKO, DAVID
STREET ADDRESS	124 NEPTUNE CT.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	D
NAME	CAMPBELL, DARREN
STREET ADDRESS	145 B IXORA AVENUE
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	PINCHERA, PATRICK
STREET ADDRESS	2541 KINGSMILL AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or assignee of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Conjelko* **DAVID CONJELKO** *30 April 95* **30 APRIL 1995** *407* **779-0429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)