

FILE NOW: FILING FEE AFTER MAY 1 IS \$100

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # N30923 (9)

1. Corporation Name
BREVARD COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
34 Star Island Miami Beach, FL 33139		34 Star Island Miami Beach, FL 33139	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1989	3a. Date of Last Report 03/02/1994
4. FEI Number NOT APPLICABLE	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 S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE FL 32901

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 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSLEY, CURTIS R.
STREET ADDRESS	1221 E. NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	MOSLEY, CHERYL L.
STREET ADDRESS	1221 E. NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	SD
NAME	DOERNER, ROBERTA
STREET ADDRESS	1221 E. NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	P
NAME	KIRSNER, HYMAN
STREET ADDRESS	750 N ATLANTIC AVE
CITY - ST - ZIP	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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 19.07(3)(b), 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: Hyman Kirsner, President DATE: MAR 25, 1995 FILING FEE: (30\$) 672-5518

Hyman Kirsner, President