FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30923

BREVARD COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business 34 STAR ISLAND MIAMI BCH FL 32931

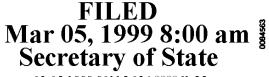
2. Principal Place of Business

Mailing Address

34 STAR ISLAND MIAMI BCH FL 32931

2a. Mailing Address

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3. Date Incorporated or Qualifed

02/24/1989

21		26			02/24/1969			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ap	plied For
22		27			NOT APPLICABLE		No	t Applicable
City & State	•	City & State			E Outliert of Status Desired		\$8.75 △	dditional
23		28			5. Certifcate of Status Desired		Fee Re	quired
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29 30	.]		Trust Fund Contribution		Added t	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
			81	Name				
MOSLEY	CURTIS R.		82	Street Ad	dress (P.O. Box Number is Not Accepta	hle)		
	NEW HAVEN AVE		62	Stieet Au	uress (F.O. BOX Number is Not Accepted	Dio;		
	RNE FL 32901		83					
MELDOOI	INC 1 E 02301							
			84	City		FI	85 Zip C	>ode
11 Dureupht	to the provisions of Sections 617 0500	2 and 617 1508 Florida Statutes	the above	-named co	rporation submits this statement for the	purpose of	changing its	registered
office or re	enistered agent or both in the State (of Florida. Such change was auth	orized by	the comora	ition's board of directors. I hereby accep	t the appoir	ntment as re	gistered
agent. I ar	n familiar with, and accept the obligat	ions of, Section 617.0503, Florida	Statutes	•				
SIGNATURE		AIOTE D		t algoritus rome	lired when reinstating)	DATE		}
12.	Signature, typed or printed name of registered ageni OFFICERS AN		13.	s alginature redu	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE				Change	☐ Addition
NAME	MOSLEY, CURTIS R.		1.2 NAME					
	1221 E. NEW HAVEN AVE			ADDOEDO				
STREET ADDRESS	MELBOURNE FL		1.3 STREET					
CITY-ST-ZIP	VD ON THE FL	□ DELETE	1.4 CITY-S	1-ZIP			Change	Addition
IIITE	••	☐ DECE1E						
NAME	MOSLEY, CHERYL L.		2.2 NAME					
STREET ADDRESS	1221 E. NEW HAVEN AVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-5	T-ZIP			Change	☐ Addition
TITLE	SD	☐ DELETE	3.1 TITLE	j			Change	Addition
NAME	DOERNER, ROBERTA		3.2 NAME	1				-
STREET ADDRESS	1221 E. NEW HAVEN AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-S					
TITLE	Р	☐ DELETE	4.1 TITLE	I P	DRESIDENT		☐ Change	Addition
NAME	Kirsner, Hyman		4. 2 NAME	[
STREET ADDRESS	750 N ATLANTIC AVE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE		· ———		Change	☐ Addition
NAME	•		5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			_	Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-S					
CITY-ST-ZIP			U 3111-3					

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.

(407)639-1388