FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED Mar 05 1998 8:00am Secretary of State

2/2/58 47.951-2047

PALM BAY SPORTSMAN CLUB, INC.													
Principal Place of Business				Malling Address				-	. Date Incorporated or Q	ualified			
		WESTWOOD BLYD.				J.	Date theorporates of a	-					
•								4.	FEI Number			A	oplied For
									59-2956057			N/	ot Applicable
2. Principal P	lace of Busin	1886	20.	2a. Mailing Address				5.	· Certificate of Status Des	sired [7 \$	8.75	Additional
21			26	· · · · · · · · · · · · · · · · · · ·					- Continued of Clarica Doc				equired
Suite, Apt.			27					6.	Election Campaign Fina Trust Fund Contribution	ncing		5.00 Added to	May Be o Fees
City & State	ө		28	City & State			7.	7. Is this nonprofit corporation a homeowners association?					
Zip Country				Zip Cou			itry 8. This corporation ower			or has paid the current year Intangible			
24		25	29						Personal Property Tax of	lue June 30.	Y	∍s [No
9. Name and Address of Current Registered Agent									. Name and Address of	New Regist	ered Ager	nt	
						81	Name						
KESTEL, CRAIG J 1904 WESTWOOD BLVD.						82	Street	Address (F	ddress (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32901						83							
						84	City				85	al Zin	Code
											FL	1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.							e-named the cor s.	corporation of the corporation o	on submits this statement board of directors. I hereb	for the purpo by accept the	ose of cha appointr	nging it nent as	s registered registered
SIGNATURE _	Car	littl	CRAIG	KESTEL_	O					<u> </u>	2/20/	j8	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F							ent signature	e required where	n reinstating) ADDITIONS/CHANGES T	D. OFFICERS	AND DIC	FOTOF	2C (N 10
12.	PD	OFFICERS	AND DIREC	DELETE	13	TITLE		——— <i>"</i>	ADDITIONS/CHANGES I	J OFFICERS		Change	Addition
I NAME		CRAIG J		La Dipute	- 4			1				ru vari ĝo	Addition
STREET ADDRESS		STWOOD BLVD.			1.2 NAME 1.3 STREET ADDRES		ADDOCCO						
		RNE FL 32901											
CITY-ST-ZIP TITLE	STD	THE PL SZOUT		DELETE		CITY-S	1-212		<u>.</u>			Change	Addition
NAME		CHARD				NAME						onango	
STREET ADDRESS	KING, RICHARD 13105 ORANGE AVENUE				- 1	2.3 STREET ADDRESS		}					
CITY-ST-ZIP		ERCE FL 34945				4 CITY-S							
TITLE	VD	LINE I C 01010		DELETE		TITLE	31 - Lit		·····			Change	Addition
NAME	BRAGG,	BRENDA			3.2	NAME]				•	
STREET ADDRESS	A444 04 MIAGRAT ABOUT					3.3 STREET ADDRESS		1					
CITY-ST-ZIP		RNE FL 32901		3.4.			ST-ZIP						
TITLE				☐ DELETE		TITLE						Change	Addition
NAME					4.2	NAME							
STREET ADDRESS	TREET ADDRESS			4		4.3 STREET ADDRESS							
CITY-ST-ZIP	CITY-ST-ZIP		4.4		4.4 CITY-ST-ŽIP								
TITLE	*					5.1 TITLE						Change	☐ Addition
NAME					5.2 NAME		1						
STREET ADDRESS					5.3	5.3 STREET ADDRESS							
CITY-ST-ZIP					5.4	CITY-S	T-ZIP						
TITLE				☐ DELETE	_	TITLE						Change	Addition
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREET	ADORESS						
CITY-ST-ZIP						CITY-S							

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.

CRAIG KESTFI