

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49867

FILED
May 22, 2006
Secretary of State

Entity Name: BREVARD SEMINOLE CLUB, INC.

Current Principal Place of Business:

1801 SARNO ROAD
SUITE 3
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1801 SARNO ROAD
SUITE 3
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-3134005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CEROW, MICHAEL S
1801 SARNO RD #3
MELBOURNE, FL 32935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CEROW, MICHAEL
Address: 1801 SARNO RD #3
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: EASTLAND, ROY
Address: 840 RIDGELAKE DRIVE
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: SERVEN, NEAL
Address: 1860 CANTERBURY DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: DP () Delete
Name: MCCARTHY, BRENDAN
Address: 304 S. HARBOR CITY BLVD., STE 100
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CEROW

TRES

05/22/2006

Electronic Signature of Signing Officer or Director

Date