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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49992** (3)

1. Corporation Name

**SPACE COAST THUNDERBIRD CLUB, INC.**

Principal Place of Business

Mailing Address

**496 PETAL ROAD NE  
PALM BAY FL 32907-2345  
US**

**496 PETAL ROAD NE  
PALM BAY FL 32907-2345  
US**



3. Date Incorporated or Qualified

**07/20/1992**

4. FEI Number

**59-3125080**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 City & State

25 Zip Country

26 Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, ED  
496 PETAL ROAD NE  
PALM BAY FL 32907**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **BOD** ☒ DELETE  
NAME **WATTS, EILEEN**  
STREET ADDRESS **1 OCEAN WEST BLVD #9A4**  
CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

1.1 TITLE **VP** ☒ Change ☐ Addition  
1.2 NAME **WATTS, EILEEN**  
1.3 STREET ADDRESS **1 OCEAN WEST BLVD. #9A4**  
1.4 CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE **BOD** ☐ DELETE  
NAME **STEWART, CLELL**  
STREET ADDRESS **319 8TH AVE**  
CITY-ST-ZIP **INDIALANTIC FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **BOD** ☐ DELETE  
NAME **STEWART, ANN**  
STREET ADDRESS **319 8TH AVE**  
CITY-ST-ZIP **INDIALANTIC FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE  
NAME **VOLZ, CHARLES**  
STREET ADDRESS **8 AVALON TERRACE**  
CITY-ST-ZIP **PALM COAST FL**

4.1 TITLE **BOD** ☒ Change ☐ Addition  
4.2 NAME **VOLZ, CHARLES**  
4.3 STREET ADDRESS **8 AVALON TERRACE**  
4.4 CITY-ST-ZIP **PALM COAST FL**

TITLE **ST** ☐ DELETE  
NAME **WARD, ED**  
STREET ADDRESS **2500 TEMPLE STREET, NE**  
CITY-ST-ZIP **PALM BAY FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE  
NAME **SKOV, IRV**  
STREET ADDRESS **937 BUFORD ST. NE**  
CITY-ST-ZIP **PALM BAY FL**

6.1 TITLE **P** ☒ Change ☐ Addition  
6.2 NAME **SKOV, IRV**  
6.3 STREET ADDRESS **937 BUFORD ST. NE**  
6.4 CITY-ST-ZIP **PALM BAY FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**Ed Ward**

**4/18/98 (407) 768-0187**

CR2E037 (10/97)