

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005405 (6)

1. Corporation Name

SPACE COAST FOUR WHEELER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6170 QUITO AVE
COCOA FL 32927
US

6170 QUITO AVE
COCOA FL 32927
US

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21 744 TUPELO DRIVE

26 P.O. Box 360061

4. FEI Number

59-3231215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MELBOURNE, FLORIDA

28 MELBOURNE, FLORIDA

Zip Country

Zip Country

24 32935

25 USA

29 32936-0061

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, DOUG
6170 QUITO AVE
COCOA FL 32927

81 Name

ERWIN, SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

744 TUPELO DRIVE

83

84 City

MELBOURNE

FL

85 Zip Code

32935

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

Scott A. Erwin
Signature, typed or printed name of registered agent and title if applicable.

SCOTT ERWIN

16 APRIL 1996

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, DOUG	
STREET ADDRESS	6170 QUITO AVE	
CITY-ST-ZIP	COCOA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, SCOTT	
STREET ADDRESS	744 TUPELO DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ALDRIDGE, SHANNON	
STREET ADDRESS	450 BURNETT CT.	
CITY-ST-ZIP	COCOA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WEINERT, MIKE	
STREET ADDRESS	681 S. ORLANDO AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERWIN, SCOTT	
1.3 STREET ADDRESS	744 TUPELO DRIVE	
1.4 CITY-ST-ZIP	MELBOURNE, FL	
2.1 TITLE	DV, DS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THORNTON, THOMAS	
2.3 STREET ADDRESS	P.O. Box 1136	
2.4 CITY-ST-ZIP	SHARDES, FL. 32959-1136	N/A
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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:

Scott A. Erwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT ERWIN

16 APRIL 1996

Date

(407) 254-5510

Daytime Phone #

CR2E037 (12/95)