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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

744 TUPELO DRIVE
MELBOURNE FL 32935
US

Mailing Address

P.O. BOX 360061
MELBOURNE FL 32936-0061
US

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3231215

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERWIN, SCOTT
744 TUPELO DRIVE
MELBOURNE FL 32935

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

Signatures: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETENAME ERWIN, SCOTT
STREET ADDRESS 744 TUPELO, DRIVE
CITY-ST-ZIP MELBOURNE FLTITLE DVST ☐ DELETENAME THORNTON, THOMAS
STREET ADDRESS P.O. BOX 1136 NA
CITY-ST-ZIP SHARPES FLTITLE DT ☐ DELETENAME WEINERT, MIKE
STREET ADDRESS 681 S. ORLANDO AVE.
CITY-ST-ZIP COCOA BEACH FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition1.2 NAME WEINERT, MIKE
1.3 STREET ADDRESS 1020 WOODS MENS PKWY
1.4 CITY-ST-ZIP ROCKLEDGE FL 329552.1 TITLE DVST ☒ Change ☐ Addition2.2 NAME ERWIN, SCOTT
2.3 STREET ADDRESS 744 TUPELO DR.
2.4 CITY-ST-ZIP MELBOURNE, FL 329353.1 TITLE DS ☒ Change ☐ Addition3.2 NAME ERWIN, MERI
3.3 STREET ADDRESS 3330 TURTLEMOUND RD.
3.4 CITY-ST-ZIP MELBOURNE FL 329344.1 TITLE DT ☐ Change ☒ Addition4.2 NAME NODINE, DONNA Apt.
4.3 STREET ADDRESS 2760 COLUMEL DR. #1013
4.4 CITY-ST-ZIP MELBOURNE, FL 329355.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Michael R. Weinert

18 Feb. 97

407-952-1242

CR2E037 (9/96)