

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90175 023 ****61.25

DOCUMENT # N93000005405

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

494510 - 90175 - 23



2. Principal Place of Business

21 1252 BONITA CT
Suite, Apt. #, etc.

22 City & State
PALM BAY FL

23 Zip Country
32905 US

24 32905 25 US

2a. Mailing Address

26 PO BOX 360061
Suite, Apt. #, etc.

27 City & State
MELBOURNE FL

28 Zip Country
32936 US

29 32936 30 US

3. Date Incorporated or Qualified
11/22/1993

4. FEI Number
59-3231215

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ERWIN, SCOTT
744 TUPELO DRIVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
LATEFORD, DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable)
1252 BONITA CT
83
84 City
PALM BAY FL 85 Zip Code
32905

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 DOUGLAS B. LATEFORD (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

3-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME ERWIN, SCOTT
STREET ADDRESS 744 TUPELO, DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE DS
NAME ERWIN, MERI
STREET ADDRESS 3330 TURTLEMOUND RD
CITY-ST-ZIP MELBOURNE FL

TITLE DP
NAME WEINERT, MIKE
STREET ADDRESS 1020 WOODSMERE PKWY
CITY-ST-ZIP ROCKLEDGE FL

TITLE DT
NAME NODINE, DONNA
STREET ADDRESS 2760 COZUMEL DR. APT #1013
CITY-ST-ZIP MELBOURNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME LATEFORD DOUGLAS
1.3 STREET ADDRESS 1252 BONITA CT.
1.4 CITY-ST-ZIP PALM BAY FL 32905

2.1 TITLE DS
2.2 NAME FINCH GINA
2.3 STREET ADDRESS 418 ST. JOHNS DRIVE
2.4 CITY-ST-ZIP SATELLITE BEACH FL 32937

3.1 TITLE DV
3.2 NAME BOEN, RAY
3.3 STREET ADDRESS 6916 BLACKBERRY CT.
3.4 CITY-ST-ZIP VIERA FL 32940

4.1 TITLE DT
4.2 NAME LATEFORD, DONNALEE
4.3 STREET ADDRESS 1252 BONITA CT
4.4 CITY-ST-ZIP PALM BAY FL 32905

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 (402) 953 2596

Date

Daytime Phone #

CR2E037 (11/98)