

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # **N95000001781 (2)**

1. Corporation Name

**FOUNDATION PARK PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

250 COMMUNITY COLLEGE PKWY  
PALM BAY FL 32909  
US

250 COMMUNITY COLLEGE PKWY  
PALM BAY FL 32909  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBERTS, WILLIAM**  
217 SOUTH ADAMS ST  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

~~APPLIED FOR~~ 59-3325790

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

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

10. Name and Address of New Registered Agent

81 Name

**Joe S. Matheny**

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

**355 Indian River Avenue**

83

84 City

**Titusville**

**FL**

85 Zip Code

**32780**

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

**Joe D. Matheny**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **ADAMS, TOM**  
STREET ADDRESS **11550 SR 507**  
CITY-ST-ZIP **FELLSMER FL 32948**

TITLE STD ☒ DELETE

NAME **NEMEROFF, BRIAN**  
STREET ADDRESS **280 SALMON DR.**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE VPD ☒ DELETE

NAME **THOMPSON, JODIE H**  
STREET ADDRESS **939 SABLE CIRCLE SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

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 PD ☐ Change ☒ Addition

1.2 NAME **Stephen J. Megregian**  
1.3 STREET ADDRESS **% BCC-1519 Clearlake Road**  
1.4 CITY-ST-ZIP **Cocoa, FL 32922**

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME **Eugene C. Johnson**  
2.3 STREET ADDRESS **531 1st Avenue**  
2.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME **Bert Purga**  
3.3 STREET ADDRESS **% BCC-1519 Clearlake Road**  
3.4 CITY-ST-ZIP **Cocoa, FL 32922**

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME **Joe Lee Smith**  
4.3 STREET ADDRESS **% BCC-1519 Clearlake Road**  
4.4 CITY-ST-ZIP **Cocoa, FL 32922**

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME **Thomas Szuba**  
5.3 STREET ADDRESS **1415 Foundation Park Blvd.**  
5.4 CITY-ST-ZIP **Palm Bay, FL 32907**

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* **Stephen J. Megregian**

1/23/98

407-632-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)