


FILE NOW. FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90106 002 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000003890</b>					
1. Corporation Name <b>PALM BAY ATHLETIC ASSOCIATION, INC.</b>					
Principal Place of Business 599 AWIN CIR SE PALM BAY FL 32909 US			Mailing Address 1762 PLANTATION CIR. PALM BAY FL 32909 US		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>08/14/1995</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State		4. FEI Number <b>59-3330737</b>	
22 City & State	27 City & State	28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>REDMOND, THOMAS G</b> <b>599 AWIN CIR SE</b> <b>PALM BAY FL 32909</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 <u>Thomas G. Redmond - Secretary</u> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDMOND, MARY C		1.2 NAME		
STREET ADDRESS	599 AWIN CIR SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDMOND, THOMAS G		2.2 NAME		
STREET ADDRESS	599 AWIN CIR SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIOTTE, LORETTA R		3.2 NAME		
STREET ADDRESS	1762 PLANTATION CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIOTTE, PIERRE P		4.2 NAME		
STREET ADDRESS	1762 PLANTATION CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Thomas G. Redmond SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23 1999 984-4307  
 Date Daytime Phone #

CR2E037 (11/98)