## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** 95 JUL -5 PM 1:22 N95000004283 (6) DOCUMENT # 1. Corporation Name SECTION OF STATE GOLFSIDE COMMERCIAL DISTRICT ASSOCIATION, INC. Principal Place of Business Mailing Address 7380 MURRELL RD., STE. 201 7380 MURRELL RD., STE. 201 VIERA FL 32940 VIERA FL 32940 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLAKE, R. MASON Street Address (P.O. Box Number is Not Acceptable) 7380 MURRELL RD., STE. 201 **VIERA FL 32940** 83 84 City Zip Code 85 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 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition BLAKE, R. MASON NAME 1.2 NAME 7380 MURRELL RD., STE. 201 STREET ADDRESS **CR2E037** 1.3 STREET ADDRESS **VIERA FL 32940** CITY - ST - ZIP 1.4 CITY - ST-ZIP TITLE DELETE 21 TITLE Change Addition DECATOR, JAY A III NAME 2.2 NAME 7380 MURRELL RD., STE. 201 STREET ADDRESS 2.3 STREET ADDRESS **VIERA FL 32940** CITY-ST-ZIP 2 4 CITY-ST-ZIP <u>5000019888</u> TITLE DELETE 3.1 TITLE -117/11/95--III- Phenda III- Addition MILLER, C. SCOTT NAME 3.2 NAME 7380 MURRELL RD., STE. 201 \*\*\*\*\*\*61.25 \*\*\*\*\*61.25 STREET ADDRESS 3.3 STREET ADDRESS **VIERA FL 32940** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition MARTELL, PAUL NAME 4. 2 NAME 7380 MURRELL RD., STE. 201 STREET ADDRESS 4.3 STREET ADDRESS **VIERA FL 32940** CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TeTLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADORESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this fiting 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 3 STREET ADDRESS

6.4.CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP



6/17/96

(96/6)