FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT** #

Principal Place of Business

MARTIN ANDERSEN SR. CEN

1025 S. FLORIDA AVE.

N95000005974 (9)

Mailing Address

C/O LINDA HALLER 315 TANGLE RUN BLVD., #1026 MELBOURNE FL 32940

THE BREVARD SINGLE ADULT CLUB, INC.

| ROCKLEDGE FL 32955 | | | 315 TANGLE RUN BLVD., #1026 MELBOURNE FL 32940 | | | | 12/18/1995 | | | | l | |
|--|------------------------|-------------------------------------|---|--------------------------|------------------------|----------------------------------|---|--------------------|--------------|-----------------|-----------------|--|
| | | | MEEDOOMNE TE BEBAD | | | 4. FEI Number | | | oplied For | | | |
| | | | *************************************** | | | <u>59-3355877</u> | | No | t Applicable | ı | | |
| 2. Principal P | lace of Busin | 1055 | 26 Brevard S | Club le Adult | | 5. Certificate of Status Desired | כ | \$8.75 / Fee Re | | | | |
| Suite, Apt. | #, etc. | <u> </u> | Suite, Apt. #, etc. | | | - | 6. Election Campaign Financing | | \$5.00 | May Be | į | |
| 22 | | | 27 P.O. Box 631 | | | | Trust Fund Contribution | | Added to | | l | |
| City & State | 8 | | City & State | | | | 7. Is this nonprofit corporation a home | owners | association | n? | ļ | |
| 23 | | | 28 Cocoa, Fl. | <u>923-06</u> | 31 | | | | | ı | | |
| Zip | | Country | Zip | ——, | | | 8. This corporation owes or has paid the current year Intangible | | | | ı | |
| 24 | Q Name | and Address of Current | 29 Benjatered Agent | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | | |
| 81 | | | | | | | ne | | | | | |
| HALLER | | | | CHARLES H. ANDERSON | | | | | | | | |
| | IGLE RUN | RI VO | | | | | dress (P.O. Box Number is Not Acceptable) 94 Ridgewood Ave. | | | | | |
| #1026 | IGLE HON | DL1D. | | 63 | | | 494 Riagewood Ave. VN/7 4/OI | | | | | |
| | JRNE FL 32 | 2040 | | <u> </u> | | | . <u></u> | | ,, | | ı | |
| MICLEON | /111L 1 L O | POTO | | | 64 City | 1-0- | Canarawal | FI | 85 39 | 920-21 | 83 | |
| 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 region. | | | | | | | | | | | [| |
| 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 Society 617.0503, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | X) Vi | 641.0)-/1 | Luduas | - | | | 1/17/9 | 15 | • | | ı | |
| SIGNATURE | Signature, typed | or printed name of registered agent | | E: Registere | d Agent signature | | | C | | | | |
| 12. | | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | | S IN 12 | 8 | |
| TITLE | Р | | • | | 1.1 TITLE P | | | -8 | Change : | ☐ Addition | Ĕ | |
| NAME | HALLER | , | | 1.2 N | | CHARLES H. ANDERSON | | | | 8 | | |
| STREET ADDRESS | | IGLE RUN BLVD., #102 | | | 1.3 STREET ADDRESS 849 | | 4 Ridgewood Ave., | Unit | #410 | 01 | ŭ | |
| CITY-ST-ZIP | | JRNE FL 32940 | | | 14 CITY-ST-ZIP Car | | e Canaveral, Fl. | 3292 | 20-21 | 33 | CR2E037 (10/97) | |
| TITLE | 1V BENOIT, NORMAN R | | DELETE | DELETE 2.1 TIT | | ĬĂ. | | 3 | Change | ☐ Addition | _ | |
| NAME | | | | | | | ROTHY BAGO B Rosewood Dr. | | | | ı | |
| STREET ADDRESS | | HING POST RD | | 2.3 \$1 | | | coa, Fl. 32926 | | | | l | |
| CITY-ST-ZIP | 2V | ANAVERAL FL 32920 | DELETE | 2.4 CI DELETE 3.1 TIT | | COC | | | Change | Addition | l | |
| NAME | | . HENRY N | Last Descrip | 3.2 N | | | | • | | المرازادها د سي | ĺ | |
| STREET ADDRESS | | MBRIDGE DR | | 3.3 \$1 | | | | | | | 1 | |
| CITY-ST-ZIP | 1 | FL 32922 | | 3.4.0 | | ļ | | | | | ı | |
| TITLE | D | | DELETE | | | | | Ţ | Change | Addition | ı | |
| NAME | PALMER, LOIS | | | 4. 2 1 | NAME | | | _ | - | | i | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | | | | | l | |
| CITY-ST-ZIP | 0.405.04141.5511.51 | | | | ITY-ST-ZIP | | | | | | ı | |
| TITLE | D | | DELETE | 5.1 7 | ITLE | | | | Change | Addition | ı | |
| NAME | BRIGHT, | , WILLIAM E | | 5.2 N | AME | | | | | | ı | |
| STREET ADDRESS | 1318 ST | etson dr. | | 5.3 STREET ADDR | | | | | | | ı | |
| CITY-ST-ZIP | COCOA | FL 32922 | | 5.4 C | | <u> </u> | | | | | į | |
| TITLE | D | | ☐ DELETE | DELETE 6.1 TH | | | | I | Change | Addition | ı | |
| NAME | | CHRISTINE H | | 6.2 N | AME . | | | | | | ı | |
| STREET ADDRESS | | OOD STORK DR. | | 6.3 ST | | | | | | | ı | |
| CITY-ST-ZIP MERRITT ISLAND FL 32953 | | | | 6.4 C | ITY-ST-ZIP | <u> </u> | | | | , , | ı | |
| 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 is frue 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 frustee 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. | | | | | | | | | | | | |