NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## N9700000078 DOCUMENT #

1. Corporation Name

CENTURION CLUB OF VIERA, INCORPORATED

Principal Place of Business

Mailing Address

7580 HALF MOON COURT MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

21

PO BOX 411000 VIERA FL 32940-1000

2a. Mailing Address

Suite, Apt. #, etc.

## **FILED** Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90290 018 \*\*\*\*61.25

6 8 8 4 9 368849 - 90290 - 18



3. Date Incorporated or Qualifed

4. FEI Number

22		27			NOT APPLICABLE	Not	Not Applicable	
City & State	State City & State				5 O. W. of Change Desired	\$8.75 A	dditional	
23	28 MELBOURNE			-L	5. Certificate of Status Desired	Fee Required		
Zip	Country Zip C				6. Election Campaign Financing	\$5.00 :	May Be	
24	25	29 32940 30	30 USA		Trust Fund Contribution	Added to		
9. Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Regist	ered Agent		
			81	Name	-			
MASTERSON, DORIS E 7580 HALF MOON COURT								
				Street Addre	ess (P.O. Box Number is Not Acceptable)			
					, , , , , , , , , , , , , , , , , , ,			
WETROOM	RNE FL 32940							
			84	City		FL 85 Zip C	ode	
		O LOS AFON FINANCIA			matical authority this statement for the surre		renistered	
office or re	enistered agent, or both, in the State	of Florida. Such change was author	prized by	the corporation	oration submits this statement for the purpo n's board of directors. I hereby accept the	appointment as reg	istered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 617.0503, Florida	Statutes.	•			}	
SIGNATURE	•				when reinstation) DA			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec				t signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12	
12.	OFFICERS AND DIRECTORS  Delete		13. 1.1 TITLE		ADDITIONO/OFFAIRCED TO GIT IGE.	Change	Addition	
TITLE	P						<b>—</b>	
NAME	MASTERSON, GORDON P		1.2 NAME	1				
STREET ADDRESS			1.3 STREET ADDRESS				ļ	
CITY-ST-ZIP		MELBOURNE FL 32940		r-ZIP			[□ Addition	
TITLE	V	☐ DELETE	2.1 TITLE	f		Change	☐ Addition	
NAME	MASTERSON, DORIS E		2.2 NAME				]	
, STREET ADDRESS			2.3 STREET	ADDRESS ,	e ( مېمنان دي منصحين د ا <del>هميز</del> يوسيد) د د ا		• .	
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-S	T-ZIP				
TILE	D	DELETE	3.1 TITLE	ì		Change	☐ Addition	
NAME	MILLS, TRAVIS L		3.2 NAME	ļ				
STREET ADDRESS	1501 CHESAPEAKE CT		3.3 STREET	TADDRESS				
CITY-ST-ZIP	VIERA FL 32940		3.4. CTY-S	T-ZIP				
TITLE	D	DELETE 4.11		1		Change	☐ Addition	
NAME	PECKHAM, HOWARD JR		4.2 NAME				\	
STREET ADDRESS	1503 CHESAPEAKE CT		4.3 STREET	ADDRESS				
CITY-ST-ZIP	VIERA FL 32940			T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	PITTMAN, ROBERT		5.2 NAME					
STREET ADDRESS	438 HAWTHORNE CT		5.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 3	2937	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				1	
STREET ADDRESS	•	•	6.3 STREET	ADDRESS				
			6.4 CITY-ST	T-ZIP			ļ	
CITY-ST-ZIP.		15 5 4			ection 119 07/3\(ii) Florida Statutes   furth	or cortify that the in	formation	

26-7580 HALF-MOON COURT. 01/21/1997

interept 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.

Applied For