NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90094 001 ****61.25

DOCUMENT # N98000000861

1. Entity Name TREASURE COAST ELAN AMMIFANT CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
VERO BEACH, FL.	1520 SMUGGLERS COVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH FL.	City & State: VERO BEACH FL.
Zip: 32963 Country:	Zip: 32963 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0767297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HENRY BROZOWSKI

Street Address (P.O. Box Number is Not Acceptable): 1520 SMUGGLERS COVE

City: VERO BEACH FL Zip Code: 32963

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Henry Brozowski (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 2/22/02

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	TITLE	
NAME	HENRY BROZOWSKI	NAME	
STREET ADDRESS	1520 SMUGGLERS COVE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL. 32963	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	FLORENCE PASKELL	NAME	
STREET ADDRESS	6781 SE AMYRIS COURT	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL. 34997	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	SNOW HAMILTON	NAME	
STREET ADDRESS	338 E. ORIE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34982	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	ALL TREASURER.	TITLE	**IN THIS SPACE**
NAME	LILLIAN RIMMER	NAME	
STREET ADDRESS	922 SANDALWOOD PLACE	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL. 34957	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JOAN BETSCH	NAME	
STREET ADDRESS	313 NW ALANA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE 34986	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	HENRY SMITHERS	NAME	
STREET ADDRESS	5207 SE SEA ISLAND WAY	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL. 34997	CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Brozowski 2/22/02 561-234-5674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #