

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90001 014 \*\*\*\*61.25

**DOCUMENT # N98000006501**

1. Corporation Name

**COMMUNITY BY THE SEA, INC.**

Principal Place of Business

**725 CORAL DR.  
MELBOURNE FL 32935**

Mailing Address

**725 CORAL DR.  
MELBOURNE FL 32935**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/16/1998**

4. FEI Number

Applied For

Not Applicable

**59-3559043**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WALKER, MARLENE  
725 CORAL DR.  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
WALKER, MARLENE  
725 CORAL DR.  
MELBOURNE FL 32935**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
MOUNT, JERRY  
643 SANDPIPER CIR.  
MELBOURNE FL 32935**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
BUNKER, JILL  
538 NARRAGANSETT ST.,N.E.  
MELBOURNE FL 32907**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
BURNET, IRENE  
2441 NEWFOUND HARBOR DR.  
MERRITT ISLAND FL 32952**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
BROOM, MEL  
760 MONTCLAIR RD.,N.E.  
PALM BAY FL 32905**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
KIDD, WILLIAM  
925 S. FL AVE.  
ROCKLEDGE FL 32955**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-99 (407)254-3745**

Date

Daytime Phone #

CR2E037 (11/98)

0020136