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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:33

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 762677 (3)  
1. Corporation Name  
SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
4979 HUBNER CIR SARASOTA FL 34241 US

3. Date Incorporated or Qualified 03/31/1982  
3a. Date of Last Report 03/02/1994  
4. FEI Number 59-2356543  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 5273 TURTLE CREEK LN 26 same  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
22 SARASOTA, FL 27  
City & State City & State  
23 SARASOTA, FL 28  
Zip Country Zip Country  
24 34232 25 US 29 30

9. Name and Address of Current Registered Agent  
THORPE ROBERT  
4979 HUBNER CIR  
SARASOTA FL 34241

10. Name and Address of New Registered Agent  
B1 Name SANFORD COHEN  
B2 Street Address (P.O. Box Number is Not Acceptable) 5273 TURTLE CREEK LN  
B3 SARASOTA  
B4 City SARASOTA  
B5 Zip Code FL 34232

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sanford Cohen* President SANFORD COHEN 3/31  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THORPE, ROBERT
STREET ADDRESS	4979 HUBNER CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	VP
NAME	COHEN, SANFORD
STREET ADDRESS	5273 TURTLE CREEK LN
CITY-ST-ZIP	SARASOTA FL
TITLE	S
NAME	THORPE, ARDIS
STREET ADDRESS	4979 HUBNER CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	T
NAME	GREER, EDWARD A
STREET ADDRESS	1836 RIVIERA CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	LYON, DONALD
STREET ADDRESS	323 YACHT HARBOR DR.
CITY-ST-ZIP	OSPREY FL
TITLE	D
NAME	NELSON, JOHN
STREET ADDRESS	5502 SHADOW LAWN CT
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANFORD COHEN	
1.3 STREET ADDRESS	5273 TURTLE CREEK LN.	
1.4 CITY-ST-ZIP	SARASOTA, FL. 34232	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN NICHOLSON	
2.3 STREET ADDRESS	1839 ALTA VISTA ST.	
2.4 CITY-ST-ZIP	SARASOTA, FL. 34233	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN MALCOLM	
3.3 STREET ADDRESS	8447 WOODBRIAR DR.	
3.4 CITY-ST-ZIP	SARASOTA, FL. 34238	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM PALMER	
4.3 STREET ADDRESS	6438 KAHANA DR.	
4.4 CITY-ST-ZIP	SARASOTA, FL. 34241	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT THORPE	
5.3 STREET ADDRESS	4979 HUBNER CIR.	
5.4 CITY-ST-ZIP	SARASOTA, FL. 34241	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAM EVANS	
6.3 STREET ADDRESS	2135 SHAWNEE ST.	
6.4 CITY-ST-ZIP	SARASOTA, FL. 34231	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sanford Cohen* President 3/9/95 (BIS) 377 6709  
Signature and typed or printed name of signing officer or director Date License #