

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 05, 2004 8:00 am
Secretary of State

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02112004 Chg-NP CR2E037 (10/03)

DOCUMENT # 762677			
1. Entity Name SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.			
Principal Place of Business 3644 PIN OAK STREET SARASOTA, FL 34232 US		Mailing Address 3644 PIN OAK STREET SARASOTA, FL 34232 US	
2. Principal Place of Business 3644 PIN OAKS STREET		3. Mailing Address 3644 PIN OAKS STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State SARASOTA, FLORIDA	
4. FEI Number 59-2356543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, GERALD 304 PIN OAK STREET SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name Gerald Shapiro Street Address (P.O. Box Number is Not Acceptable) 3644 Pin Oaks Street City Sarasota FL Zip Code 34232	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Gerald Shapiro</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORR, EDWARD 1524 PALM WOOD DR. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, GENE 5273 TURTLE CREEK LN. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOCH, LINDA 4912 OLD LEAF DR. SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Lorraine Orr 1524 Palmwood Dr; Sarasota, Fl 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAPIRO, GERALD 364 PIN OAK STREET SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Gerald Shapiro 3644 Pin Oaks Street; Sarasota, Fl 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUNE, BOB 3830 MALEC CIR. SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Robert Tone 3830 Malec Circle; Sarasota, Fl 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, JIM 1569 MID OCEAN CIR. SARASOTA, FL 31212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other life empowered.			
SIGNATURE: <i>Edward J. Orr</i>		EDWARD J. ORR 2/12/04 941 378-8510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	