


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90047 003 ****61.25

40054898



| | | | | | |
|---|-----------------------|--|---|---|--|
| DOCUMENT # 762677 | | | |  | |
| 1. Entity Name SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC. | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| 3644 PIN OAKS STREET SARASOTA, FL 34232 US | | 3644 PIN OAKS STREET SARASOTA, FL 34232 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 04042005 Chg-NP CR2E037 (10/03) | |
| 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 | | | 7. Name and Address of New Registered Agent | | |
| SHAPIRO, GERALD 304 PIN OAKS STREET SARASOTA, FL 34232 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ | | | | | |
| 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, 2005 | | 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 | P | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORR, EDWARD | | NAME | COHEN, GENE | |
| STREET ADDRESS | 1524 PALM WOOD DR. | | STREET ADDRESS | 5273 TURTLE CREEK LN | |
| CITY-ST-ZIP | SARASOTA, FL 34232 | | CITY-ST-ZIP | SARASOTA FL 34232 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, GENE | | NAME | ORR, EDWARD | |
| STREET ADDRESS | 5273 TURTLE CREEK LN. | | STREET ADDRESS | 1524 PALM WOOD DR | |
| CITY-ST-ZIP | SARASOTA, FL 34232 | | CITY-ST-ZIP | SARASOTA FL 34232 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORR, LORRAINE | | NAME | | |
| STREET ADDRESS | 1524 PALMWOOD DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34232 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAPIRO, GERALD | | NAME | | |
| STREET ADDRESS | 3644 PIN OAKS STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34232 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TONE, ROBERT | | NAME | | |
| STREET ADDRESS | 3830 MALEC CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENWALD, JIM | | NAME | | |
| STREET ADDRESS | 1569 MID OCEAN CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 31212 | | CITY-ST-ZIP | | |
| 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 like empowered. | | | | | |
| SIGNATURE: <u>Gerald Shapiro</u> | | | Date: <u>4-11-05 (94) 365 3756</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |