


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

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 3644 PIN OAKS STREET
SARASOTA, FL 34232 US SARASOTA, FL 34232 US

DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

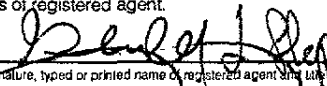
4. FEI Number 59-2356543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, GERALD
3644 PIN OAKS STREET
SARASOTA, FL 34232

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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  DATE 4-17-06

Signature, typed or printed name of registered agent and, where applicable, (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORR, EDWARD
STREET ADDRESS	1524 PALM WOOD DR.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	P
NAME	COHEN, GENE
STREET ADDRESS	5273 TURTLE CREEK LN.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	S
NAME	ORR, LORRAINE
STREET ADDRESS	1524 PALMWOOD DR.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	T
NAME	SHAPIRO, GERALD
STREET ADDRESS	3644 PIN OAKS STREET
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	TONE, ROBERT
STREET ADDRESS	3830 MALEC CIR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	GREENWALD, JIM
STREET ADDRESS	1569 MID OCEAN CIR.
CITY-ST-ZIP	SARASOTA, FL 31212

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000000514142
04/29/06-80159-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date 4-17-06 Daytime Phone # 9413613766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR