2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 07, 2005 8:00 am DOCUMENT # N03000000306 **Secretary of State** 1. Entity Name 02-07-2005 90062 025 ****61.25 CLASSIC CAR CLUB OF AMERICA GOLD COAST REGION, INC. Principal Place of Business Mailing Address ARTHUR POLACHECK 2056 WOODLAKE GIRCLE ARTHUR POLACHECK 2056 WOODLAKE CIRCLE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address NOELLA Suite, Apt. #, etc. Suite, Apt._#, etc 1st MOORE CR2E037 (10/04) SO E.ROJA Applied For City & State City & State 4. FEI Number 04-3725833 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARTHUR, POLACHECK Street Address (P.O. Box Number is Not Acceptable) 2056 WOODLAKE CIRCLE **DEERFIELD BEACH FL 33442** 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) FILE NOW: FEE IS \$61.25 .9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition ARTHUR, POLACHECK NAME NAME 2056 WOODLAKE CIRCLE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZP CITY-ST-ZIP TREASURER Change TITLE Delete TITLE NOELLA DIETZ 250 E. ROYAL PALM RD. # 1C ☐ Addition ROGERS, ED NAME NAME 6778 141ST LANE NORTH STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 BOCA RATION, FL. 33432 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete CHARD ROACH GALETA, RICHARD DDS NAME VILLAGE DR.# 8315 PINETREE LANE STREET ADDRESS STREET ADDRESS WESTPAUM BEACH LAKE CLARKE SHORES FL 33406 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

12. I hereby certify that the information supplied with this filing does not quality 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 appaddress, with all other like empoywered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP