2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N03000000306

Entity Name: CLASSIC CAR CLUB OF AMERICA SOUTHERN FLORIDA REGION, INC.

Current Principal Place of Business:

ARTHUR POLACHECK
2056 WOODLAKE CIRCLE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2430 SHADOWLAWN DRIVE
SUITE 18
NAPLES, FL 34112

New Mailing Address:

FEI Number: 04-3725833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARD, MILLER R
2430 SHADOWLAWN DRIVE
SUITE 18
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARTHUR, POLACHECK
Address: 2056 WOODLAKE CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T ( ) Delete
Name: KYLE, RAY
Address: 3392 CREED AVE
City-St-Zip: HUBBARD, OH 44425

Title: D ( ) Delete
Name: ROACH, RICHARD
Address: 3501 VILLAGE DR. #204
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: MILLER, EDWARD R
Address: 2430 SHADOWLAWN DRIVE, STE. 18
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R. MILLER MANA 02/14/2009

Electronic Signature of Signing Officer or Director — Date