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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27039

1. Corporation Name

SUNCOAST OFFSHORE RACING ASSOCIATION, INC.

Principal Place of Business

5824 BEE RIDGE RD STE 190
SARASOTA FL 34233

Mailing Address

5824 BEE RIDGE RD STE 190
SARASOTA FL 34233



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/21/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0053577

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, RENEE S
5824 BEE RIDGE RD
STE 190
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FISHER, DONALD A., II
STREET ADDRESS 1824 ISLAND WAY
CITY-ST-ZIP OSPREY FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 534 BAY OAKS DR
1.4 CITY-ST-ZIP OSPREY FL 34229

TITLE D
NAME BROWN, KEVIN
STREET ADDRESS 1650 ANCHORAGE ST.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 799 TROPICAL CIR
2.4 CITY-ST-ZIP SARASOTA FL 34242

TITLE CD DELETE
NAME GREGG, JIM
STREET ADDRESS 2422 53RD ST
CITY-ST-ZIP SARASOTA FL 34234

3.1 TITLE Change Addition
3.2 NAME NICANDRI, LUCY
3.3 STREET ADDRESS 4473 MC INTOSH PARK DR #813
3.4 CITY-ST-ZIP SARASOTA FL 34232

TITLE TD DELETE
NAME WOODS, RENEE S
STREET ADDRESS 4446 SANDNER DR.
CITY-ST-ZIP SARASOTA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34243

TITLE SD DELETE
NAME HORNER, PATRICIA
STREET ADDRESS 1600 ANCHORAGE ST
CITY-ST-ZIP SARASOTA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 34231

TITLE D DELETE
NAME ALLEN, DAVID S JR.
STREET ADDRESS 5244 SIESTA COVE DR.
CITY-ST-ZIP SARASOTA FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Renée S Woods* RENEE S WOODS, TREASURER 3-23-99 (941)378-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)