


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 040 ****70.00

DOCUMENT # 726689					
1. Entity Name CENTRAL FLORIDA CORVETTE ASSOCIATION INC					
Principal Place of Business 2915 LAKE ARNOLD PL ORLANDO, FL 32806			Mailing Address 2915 LAKE ARNOLD PL ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARDNER, PATRICIA K 2915 LAKE ARNOLD PL. ORLANDO, FL 32806			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, JACOB K 8665 HILLSIDE DR ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHE, DONALD 1670 TALLAPOOSA DR GENEVA, FL 32732
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEY, ROBERT 1110 WINEBERRY COURT OCOEE, FL 34761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, JACOB K 8665 HILLSIDE DR ORLANDO, FL 32810
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINN, BECKY 839 SUTTER LOOP LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, PATRICIA 2915 LK ARNOLD PL ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, JOHN 13644 CRYSTAL RIVER ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, GREGORY 203 CLOJIAL LANE LONGWOOD, FL 32750
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, MARSHA 2441 CERBERUS DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addit			

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: *Patricia K Gardner* PATRICIA K GARDNER 1-29-08 1107-904-7028