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Feb 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735266 (9)

1. Corporation Name

MERCEDES-BENZ CLUB OF AMERICA, SUNCOAST SECTION,
INC.

Principal Place of Business

522 GOLDEN GATE POINT #4
SARASOTA FL 34236

Mailing Address

522 GOLDEN GATE POINT #4
SARASOTA FL 34236-0633

3. Date Incorporated or Qualified
03/15/1976

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0053015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONET, DJARLENE
522 GOLDEN GATE POINT #4
SARASOTA FL 34236

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 ☒ DELETE
NAME VD
STREET ADDRESS MARIOTTI, WILLIAM E.
CITY-ST-ZIP 4411 CLARK RD.
SARASOTA FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME CHEEK, PHYLLIS
1.3 STREET ADDRESS 3421, 57TH AVENUE DRIVE WEST
1.4 CITY-ST-ZIP BRADENTON, FL

TITLE ☐ DELETE
NAME P/D
STREET ADDRESS MONET, DJARLENE
CITY-ST-ZIP 522 GOLDEN GATE POINT
SARASOTA FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BUSH, JUNE
2.3 STREET ADDRESS 5238, WELFLEET DRIVE,
2.4 CITY-ST-ZIP SARASOTA, FL 34201

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BUSH, JUNE
CITY-ST-ZIP 5238 WELFLEET DRIVE
SARASOTA FL 34201

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS KYLE, KEITH
CITY-ST-ZIP 4996 SPRINGMEADOW LANE
SARASOTA FL 34233

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-1315

CR2E037 (9/96)