# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2004 8:00 am**
**Secretary of State**
04-19-2004 90390 048 ****61.25

DOCUMENT # 746716

1. Entity Name
SUNSHINE CORVETTE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 449 PAYNE DR<br>MIAMI SPRINGS, FL 33166 | 449 PAYNE DR<br>MIAMI SPRINGS, FL 33166 |

04022004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address. |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1973157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TAYLOR, TOM<br>449 PAYNE DR<br>MIAMI SPRINGS, FL 33166 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Tom Taylor Tom Taylor DATE 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | VD<br>~~KUPINSHI, VINCENT~~<br>~~8920 SW 175 TERRACE~~<br>~~MIAMI, FL 33157~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WILLIAMS, MARVA<br>12759 SW 256 Terr.<br>HOMESTEAD, FL 33032 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~GONZALEZ, ALEX~~<br>~~15103 SW 148 CT~~<br>~~MIAMI, FL 33196~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GOLDSMITH, BERTRAM<br>1303 SNEVADA ST.<br>CORAL GABLES, FL 33156 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CLARK, JOAN<br>8005 SW 63 PLACE<br>MIAMI, FL 33143 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAYLOR, TOM<br>449 PAYNE DR<br>MIAMI SPRINGS, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>~~VIDAL, MIKE~~<br>~~19640 SW 89TH CT~~<br>~~MIAMI, FL 33157~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GONZALEZ, ALEX<br>15103 SW 148 CT<br>MIAMI, FL 33196 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Tom Taylor Tom Taylor 4-7-04 305-863-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #