

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 746716

1. Entity Name
SUNSHINE CORVETTE CLUB, INC.



Principal Place of Business
**449 PAYNE DR
MIAMI SPRINGS, FL 33166**

Mailing Address
**449 PAYNE DR
MIAMI SPRINGS, FL 33166**



02062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**TAYLOR, TOM
449 PAYNE DR
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

U00000832375
02/27/08-80057-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | VD |
| NAME | JACOBS, FRANK |
| STREET ADDRESS | 8510 SW 91 CT |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | PD |
| NAME | GOLDSMITH, BERTREM |
| STREET ADDRESS | 13065 NEVADA SR |
| CITY-ST-ZIP | CORAL GABLES, FL 33130 |
| TITLE | SD |
| NAME | CLARK, JOAN |
| STREET ADDRESS | 8005 SW 63 PLACE |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | D |
| NAME | TAYLOR, TOM |
| STREET ADDRESS | 449 PAYNE DR |
| CITY-ST-ZIP | MIAMI SPRINGS, FL |
| TITLE | TD |
| NAME | GONZALEZ, ALEX |
| STREET ADDRESS | 15103 SW 148 CT |
| CITY-ST-ZIP | MIAMI, FL 33196 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Tom Taylor Tom Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-08

Date

305-863-0141

Daytime Phone #