

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 034 \*\*\*\*61.25

**DOCUMENT # 759504**

1. Entity Name

SUNCOAST MUSTANG CLUB, INC.



Principal Place of Business

P O BOX 4622  
P.O. BOX 4622  
CLEARWATER FL 33758-4622  
US

Mailing Address

P O BOX 4622  
P.O. BOX 4622  
CLEARWATER FL 33758-4622  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2211349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELLERT, WILLIAM J  
6705 CARDINAL DR SO  
SAINT PETERSBURG FL 33707

7. Name and Address of New Registered Agent

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

*William J Dellert*

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

(NOTE: Registered Agent signature required when reappointing)

3-23-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE P  
NAME FARNHAM, WAYNE  
STREET ADDRESS 1720 FAULDS RD. N  
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE V  
NAME LANDI, MICHAEL  
STREET ADDRESS 202 FOXCROFT DR. W  
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

TITLE TRES  
NAME DELLERT, WILLIAM J  
STREET ADDRESS 6705 CARDINAL DR SO.  
CITY-ST-ZIP SAINT PETERSBURG FL 33707 ☐ Delete

TITLE SEC  
NAME BLISS, JANE  
STREET ADDRESS 14900 63RD WAY NORTH  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE D  
NAME O'CONNER, TOM  
STREET ADDRESS 3113 14TH ST N  
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE D  
NAME GARUTI, LARRY  
STREET ADDRESS 7550 125TH ST  
CITY-ST-ZIP SEMINOLE FL 33772 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Y  
NAME JOHN STOCKOWSKI  
STREET ADDRESS 2641 45TH WAY N  
CITY-ST-ZIP ST. PETERSBURG, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SHERMAN BLISS  
STREET ADDRESS 14900 63RD WAY NORTH  
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*William J Dellert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

727 460-6314

Date

Daytime Phone #