


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 762677 1. Entity Name SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.	
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Principal Place of Business 3644 PIN OAKS STREET SARASOTA, FL 34232 US	Mailing Address 3644 PIN OAKS STREET SARASOTA, FL 34232 US
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

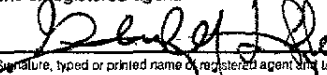
4. FEI Number 59-2356543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAPIRO, GERALD 3644 PIN OAKS STREET SARASOTA, FL 34232
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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 	DATE 4-14-06
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, EDWARD 1524 PALM WOOD DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, GENE 5273 TURTLE CREEK LN. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORR, LORRAINE 1524 PALMWOOD DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAPIRO, GERALD 3644 PIN OAKS STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TONE, ROBERT 3830 MALEC CIR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, JIM 1569 MID OCEAN CIR. SARASOTA, FL 31212

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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: 	DATE 4-14-06	Daytime Phone # 941 361 3766
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