

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762677

FILED
Feb 10, 2009
Secretary of State

Entity Name: SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.

Current Principal Place of Business:

3644 PIN OAKS STREET
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

3644 PIN OAKS STREET
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2356543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, GERALD
304 PIN OAKS STREET
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORR, EDWARD
Address: 1524 PALM WOOD DR.
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: BERMAN, LEN
Address: 5273 TURTLE CREEK LN.
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: GOCKLEY, VERA
Address: 1935 ROCIMA DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: SHAPIRO, GERALD
Address: 3644 PIN OAKS STREET
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: TONE, ROBERT
Address: 3830 MALEC CIR.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: HUGHES, DONALD
Address: 2834 CONCORD STREET
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD SHAPIRO

TREA

02/10/2009

Electronic Signature of Signing Officer or Director

Date