

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005635 (5)**

1. Corporation Name

**SATURN CARCLUB OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**670 N HWY 17-92  
LONGWOOD FL 32750-3200**

**670 N HWY 17-92  
LONGWOOD FL 32750-3200**

3. Date Incorporated or Qualified

**10/29/1996**

4. FEI Number

**59-3405473**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKETT, D KM  
670 N HWY 17-92  
LONGWOOD FL 32750-3200**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, TERRY L	
STREET ADDRESS	6351 BROOKHILL CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARIOTTI, SCOTT R	
STREET ADDRESS	940 DOUGLAS AVE., #188	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOON, ANNE E	
STREET ADDRESS	2434 ECON CIR., APT 148	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOSEPH W	
STREET ADDRESS	5711 PADGETT CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ROGER J	
STREET ADDRESS	6303 APPAIN WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMBUSH, TONY	
STREET ADDRESS	1002 JOSHUA CREEK CT	
CITY-ST-ZIP	OVIEDO FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOON, ANNE E.	
1.3 STREET ADDRESS	2434 ECON CIR., APT. 148	
1.4 CITY-ST-ZIP	ORLANDO, FL 32817	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEVERLY MORAN, BEVERLY	
2.3 STREET ADDRESS	1004 CASA DEL SOL CIR.	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARIOTTI, SCOTT	
3.3 STREET ADDRESS	142 LONDON FOG WAY	
3.4 CITY-ST-ZIP	SANFORD, FL 32771	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOODRUFF, DAVID	
4.3 STREET ADDRESS	504 E. AMELIA ST.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER, JOSEPH W.	
5.3 STREET ADDRESS	5711 PADGETT CIR.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32839	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEWIS, TERRY L.	
6.3 STREET ADDRESS	6351 BROOKHILL CIR.	
6.4 CITY-ST-ZIP	ORLANDO, FL 32810	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David J. Woodruff*

4/21/98

(407)649-8051

CP2E037 (10/97)