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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005930 (0)

1. Corporation Name

SUNCOAST SATURN CARCLUB, INC.

Principal Place of Business

Mailing Address

11024 CAUSEWAY BLVD
BRANDON FL 33511

11024 CAUSEWAY BLVD
BRANDON FL 33511



3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

59-3410890

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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

LOSSING, DAVID
3208 BRYAN RD.
BRANDON FL 33511

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
NAME LOSSING, DAVID
STREET ADDRESS 3208 BRYAN RD.
CITY-ST-ZIP BRANDON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME HAWKINS, KIT
STREET ADDRESS 12102 DAGWOOD WAY
CITY-ST-ZIP RIVERVIEW FL

2.1 TITLE VD
2.2 NAME SHELIA SEME
2.3 STREET ADDRESS 34643 SUNWARD LOOP
2.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE SD
NAME MARTINDALE, LOU
STREET ADDRESS 816 BLACKBERRY LANE
CITY-ST-ZIP BRANDON FL

3.1 TITLE SD
3.2 NAME CHERYL CAMPO
3.3 STREET ADDRESS 2003 DUNMONT DRIVE
3.4 CITY-ST-ZIP VALRICO FL 33594

TITLE TD
NAME MARTINDALE, LOU
STREET ADDRESS 816 BLACKBERRY LN
CITY-ST-ZIP BRANDON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME DENNERT, CHERYL
STREET ADDRESS 423 TAHO LN
CITY-ST-ZIP VALRICO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lou Martindale

LOU MARTINDALE

4-30-98 813-621-6463

CR2E037 (10/97)