

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90015 007 ****61.25

DOCUMENT # N03000000098

1. Entity Name
CORVETTE CRUISERS CLUB, INC.



Principal Place of Business
**6938 CORONET DRIVE
NEW PORT RICHEY, FL 34655**

Mailing Address
**6938 CORONET DRIVE
NEW PORT RICHEY, FL 34655**



05072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BALESTRIERI, GEORGE
STREET ADDRESS	6938 CORONET DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	VD
NAME	LILES, ROY
STREET ADDRESS	6938 CORONET DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	SD
NAME	FONTANA, ROSEMARIE
STREET ADDRESS	6938 CORONET DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *George Balestrieri* **GEORGE BALESTRIERI**

5/2/07

727 372 8157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #