

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000963**

**1. Entity Name**  
**FERRARI OWNERS CLUB - FLORIDA REGION, INC.**



**Principal Place of Business**  
**6710 TANGLEWOOD DRIVE N.E.**  
**ST. PETERSBURG, FL 33702 US**

**Mailing Address**  
**6710 TANGLEWOOD DRIVE N.E.**  
**ST. PETERSBURG, FL 33702 US**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>01-0573318</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**REINECKE, MARK E**  
**6710 TANGLEWOOD DRIVE N.E.**  
**ST. PETERSBURG, FL 33702**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** REINECKE, MARK K  
**STREET ADDRESS** 6710 TANGLEWOOD DRIVE N.E.  
**CITY-ST-ZIP** ST. PETERSBURG, FL 33702

**TITLE** V  
**NAME** ROBERTS, GARY  
**STREET ADDRESS** 7093 SOUTH TAMiami TRAIL  
**CITY-ST-ZIP** SARASOTA, FL 34231

**TITLE** S  
**NAME** FLANKEY, KEVIN  
**STREET ADDRESS** 711 RIDGEWOOD STREET  
**CITY-ST-ZIP** ORLANDO, FL 32803

**TITLE** T  
**NAME** REINECKE, PAMELA  
**STREET ADDRESS** 6710 TANGLEWOOD DRIVE N.E.  
**CITY-ST-ZIP** ST. PETERSBURG, FL 33702

**TITLE** D  
**NAME** MILLER, ARTHUR  
**STREET ADDRESS** 13627 DEERING BAY DRIVE  
**CITY-ST-ZIP** CORAL GABLES, FL 33158

**TITLE** D  
**NAME** BOBE, DAVID  
**STREET ADDRESS** 1306 CITRUS STREET  
**CITY-ST-ZIP** WAUCHULA, FL 33873

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01/12/05-80021-024 61.25

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**12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #