

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90075 019 ****70.00

DOCUMENT # N03000004793 1. Entity Name CORVETTES ON THE GULF, INC.			
Principal Place of Business 4225 SE 8TH AVE CAPE CORAL, FL 33904 US		Mailing Address 4225 SE 8TH AVE CAPE CORAL, FL 33904 US	
2. Principal Place of Business - No P.O. Box # 4922 Triton Ct W		3. Mailing Address 4922 Triton Ct. W.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33904		Zip 33904	
Country LEE		Country LEE	
4. FEI Number 20-0035897		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEWITT, CARL 2425 SE 8TH AVE CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name DENNIS A. HEITMAN Street Address (P.O. Box Number is Not Acceptable) 4922 TRITON COURT WEST City CAPE CORAL FL Zip Code 33904	
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 <i>Dennis A. Heitman</i> Dennis A. Heitman 1-17-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HEWITT, CARL STREET ADDRESS 4225 SE 8TH AVE CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE President NAME Dennis A. Heitman STREET ADDRESS 4922 Triton Ct West CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME KONTAK, STEVE STREET ADDRESS 3311 SW 25TH PL CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HEITMAN, MARY STREET ADDRESS 4922 TRITON CT W CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME IRONS, JOANNE STREET ADDRESS 5423 BRANDY CIR CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCLOUGHLIN, PHYLLIS STREET ADDRESS 2927 SW 40TH STREET CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Georgia Sekulski STREET ADDRESS 228 SE 47th Street CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MBRD NAME HEITMAN, DENNIS STREET ADDRESS 4922 TRITON CT W CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE Membership NAME JOSEPH HANSEN STREET ADDRESS 425 SW 49th LANE CITY-ST-ZIP CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mary E. Heitman</i> Mary E. Heitman 1-17-2007 239-541-2613 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>			

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