

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003246

FILED
Mar 26, 2008
Secretary of State

Entity Name: PONCE INLET CORVETTE CLUB, INC.

Current Principal Place of Business:

65 BEACH STREET
PONCE INLET, FL 32127

New Principal Place of Business:

617 IPSWICH LN
PORT ORANGE, FL 32127

Current Mailing Address:

65 BEACH STREET
PONCE INLET, FL 32127

New Mailing Address:

617 IPSWICH LN.
PORT ORANGE, FL 32127

FEI Number: 03-0557558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACH, HARVEY S
65 BEACH STREET
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

ELLGARD, ARNE
617 IPSWICH LN.
PORT ORANGE, FL 32127 US

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.

SIGNATURE: ARNE ELLGARD

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BACH, HARVEY S
Address: 65 BEACH STREET
City-St-Zip: PONCE INLET, FL 32127

Title: V/D () Delete
Name: LAWRENCE, STEVE
Address: 2904 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S/D () Delete
Name: LANDERS, ADA
Address: 4719 DIXIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: T/D () Delete
Name: SWANHART, CELIA B
Address: 32 COASTAL OAKS CIRCLE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: GRASSO, JOE
Address: 71 BUSCHMAN DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ELLGARD, ARNE
Address: 617 IPSWICH LN.
City-St-Zip: PORT ORANGE, FL 32127

Title: V/D (X) Change () Addition
Name: GEIGER, ANDY
Address: 2153 SPRING WATER LANE
City-St-Zip: DAYTONA BEACH, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: PETRAGLIA, GERI
Address: 5405 FREDERICK LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNE ELLGARD

P/D

03/26/2008

Electronic Signature of Signing Officer or Director

Date