

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06738 (1)

1. Corporation Name

SUNCOAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 425
CLEARWATER FL 34617-0425

Mailing Address

P.O. BOX 425
CLEARWATER FL 34617-0425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1984

3a. Date of Last Report

03/21/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

Zip

30

Country

10. Name and Address of New Registered Agent

**BAUER, LINDA
14353 110TH TERR. NO.
LARGO FL 34644**

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 607.0502 and 607.1608, 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 607.0505, 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	HAZELTON, KEN
STREET ADDRESS	1803 JUANITA COURT
CITY - ST - ZIP	CLEARWATER FL
TITLE	VPSD
NAME	VAN SCOY, LARRY
STREET ADDRESS	1113 HIDDEN HARBOUR DR.
CITY - ST - ZIP	INDIAN ROCKS BEACH FL
TITLE	TD
NAME	VICTOR, CHARLES
STREET ADDRESS	3695 HIGH BLUFF DRIVE
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	RANDY COLVIN
3.4 CITY - ST - ZIP	5920 73RD ST. N. ST. PETERSBURG, FL 33709
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	CID
4.3 STREET ADDRESS	JUDY MATHEWS
4.4 CITY - ST - ZIP	2241 RICHTER ST. PALM HARBOR, FL 34683
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken Hazelton KEN HAZELTON

4/25/95 (813)447-6054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

COVER