FILE NOW: FILING FEE IS $61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N06738** **(1)**

1. Corporation Name
SUNCOAST CORVETTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 425 **CLEARWATER FL 34617-0425**	**P.O. BOX 425** **CLEARWATER FL 34617-0425**

3. Date Incorporated or Qualified: **12/19/1984**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JANOVSKY, DENNIS		1.2 NAME	Heyen, Greg	
STREET ADDRESS	1136 MAZARION PL		1.3 STREET ADDRESS	6016 Manly Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Tampa, Florida 33634	
TITLE	VPSD	☒ DELETE	2.1 TITLE	VPSD	☒ Change ☐ Addition
NAME	HUSTED, KAREN		2.2 NAME	Jones, Paul	
STREET ADDRESS	10787 65TH ST N		2.3 STREET ADDRESS	2480 East Bay Dr. Ste. #E27	
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	Largo, Florida 33771	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	COLVIN, RANDY		3.2 NAME	Brawders, John	
STREET ADDRESS	5920 NORTH 73 STREET		3.3 STREET ADDRESS	9799 119th Way N.	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	Seminole, Florida 33772	
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, JUDY		4.2 NAME		
STREET ADDRESS	2241 RICHTER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Brawders EXECUTED Feb. 19, 1998 813-572-7000