FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90236 004 ****61.25

DOCUMENT # N06738

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/19/1984
Suite, Apt. #, etc. 22 P.O. Box 425	Suite, Apt. #, etc. 27 P.O Box 425	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 Clearwater, FL.	City & State 28 Clearwater, FL.	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33757-0425 25	Zip / Country 29 33757-0425 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		☐ Change ☐ Addition
NAME	HEYEN, GREG		1.2 NAME		
STREET ADDRESS	6016 HANLY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP		
TITLE	VPSD	☒ DELETE	2.1 TITLE	VPSD	☐ Change ☒ Addition
NAME	JONES, PAUL		2.2 NAME	Estep, Brian	
STREET ADDRESS	2480 E BAY DR SUITE E27		2.3 STREET ADDRESS	8962 Lakewood Drive	
CITY-ST-ZIP	LARGO FL 33771		2.4 CITY-ST-ZIP	Seminole, FL, 33772	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAWDERS, JOHN		3.2 NAME		
STREET ADDRESS	9799 119TH WAY N		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		3.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	4.1 TITLE	CD	☐ Change ☒ Addition
NAME	MATTHEWS, JUDY		4.2 NAME	Husted, Karen	
STREET ADDRESS	2241 RICHTER STREET		4.3 STREET ADDRESS	10787 65th Street N.	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	Pinellas Park, FL 33782	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John P. Brawders 1-21-99 727-572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #