

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N06738

1. Entity Name
SUNCOAST CORVETTE ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 425
CLEARWATER, FL 33757**

Mailing Address
**P.O. BOX 425
CLEARWATER, FL 33757**

DO NOT WRITE IN THIS SPACE

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01292006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARR, MICHAEL 7040 NICOLE LANE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENE, GEORGIA 10603 95TH ST. N. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, MILTON 314 WINDRUSH BLVD., #13 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARR, SHANNON 7040 NICOLE LANE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/06 30001-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

MILTON R. JOHNSON

3-13-06 (727) 517-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #