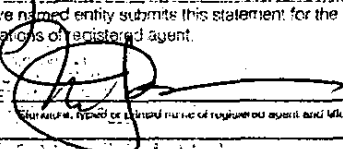
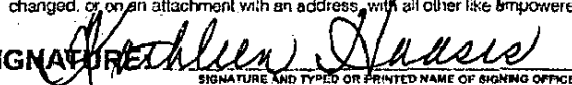


FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 048 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06738					
1. Entity Name SUNCOAST CORVETTE ASSOCIATION, INC.					
Principal Place of Business 7040 NICOLE LN. LARGO, FL. 33771			Mailing Address P.O. BOX 425 CLEARWATER, FL 33757		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent	
KARR, MICHAEL 7040 NICOLE LN. LARGO, FL 33771				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  MICHAEL KARR 2/9/08 (NOTE: Registered agent signature required when not existing) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	KARR, MICHAEL			NAME	
STREET ADDRESS	7040 NICOLE LANE			STREET ADDRESS	
CITY-STATE-ZIP	LARGO, FL 33771			CITY-STATE-ZIP	
TITLE	VPSD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GREENE, GEORGIA			NAME	
STREET ADDRESS	10603 95TH ST. N.			STREET ADDRESS	
CITY-STATE-ZIP	LARGO, FL 33777			CITY-STATE-ZIP	
TITLE	TD	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MILTON			NAME	
STREET ADDRESS	314 WINDRUSH BLVD., #13			STREET ADDRESS	
CITY-STATE-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-STATE-ZIP	
TITLE	D	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	KARR, SHANNON			NAME	
STREET ADDRESS	7040 NICOLE LANE			STREET ADDRESS	
CITY-STATE-ZIP	LARGO, FL 33771			CITY-STATE-ZIP	
TITLE	Jack Tipton	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	1677 E. Groveleaf Ave			NAME	
STREET ADDRESS	Palm Harbor, FL 34683			STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE	Kathleen Haasis	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	3613 El Camino Court			NAME	
STREET ADDRESS	Largo, FL 33771			STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
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 		Kathleen Haasis		2/4/08 800-622-5151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	