

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06738

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST CORVETTE ASSOCIATION, INC.

**Current Principal Place of Business:**

7040 NICOLE LN.  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 836  
LARGO, FL 33779

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARR, MICHAEL  
7040 NICOLE LN.  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KARR, MICHAEL  
Address: 7040 NICOLE LANE  
City-St-Zip: LARGO, FL 33771

Title: VPSD  
Name: GREENE, GEORGIA  
Address: 10603 95TH ST. N.  
City-St-Zip: LARGO, FL 33777

Title: TR  
Name: DICKEY, SUSAN A  
Address: 524 JOHNS PASS AVE  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN A. DICKEY

TREA

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date