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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09307** (2)

1. Corporation Name

**FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, I
NC.**

Principal Place of Business

716 QUEENS HARBOR BLVD.
1757 MORO ST.
JACKSONVILLE FL 32225
US

Mailing Address

716 QUEENS HARBOR BLVD.
1757 MORO ST.
JACKSONVILLE FL 32225
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**MARVIN, GUY III
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276**

3. Date Incorporated or Qualified

05/15/1985

4. FEI Number

59-2895725

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **RODENROTH, DAVID**
STREET ADDRESS **1757 MORO ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE VDS ☒ DELETE

NAME **HOYT, CHRISTOPHER**
STREET ADDRESS **4659 AVON LN.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE TD ☐ DELETE

NAME **MANDT, HANS**
STREET ADDRESS **2922 INDIAN HILL DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **Tom Harter**
1.3 STREET ADDRESS **12815 Huntley Manor DR**
1.4 CITY-ST-ZIP **Jacksonville FL 32224**

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME **Ken Perry**
2.3 STREET ADDRESS **12758 Flynn Forest DR**
2.4 CITY-ST-ZIP **Jacksonville FL 32223**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

1-9-98

904 636-1523

CR2E037 (10/97)