

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09307

FILED  
Jan 20, 2008  
Secretary of State

**Entity Name:** FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, INC.

**Current Principal Place of Business:**

612 BROOKWOOD CT  
PONTE VEDRA, FL 32802 US

**New Principal Place of Business:**

1144 DOVER DR.  
ST. JOHNS, FL 32259 US

**Current Mailing Address:**

612 BROOKWOOD CT  
PONTE VEDRA, FL 32802 US

**New Mailing Address:**

1144 DOVER DR.  
ST. JOHNS, FL 32259 US

**FEI Number:** 59-2895725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROCTOR, R  
316 MORO ST  
JACKSONVILLE, FL 32256 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 ( ) Delete  
Name: PERRY, KEN  
Address: 2173 OSPREY POINT DR W  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP ( ) Delete  
Name: PINSLY, JEREMY  
Address: 4339 WORTH DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: SCHMITT, ROBERT G  
Address: 612 BROOKWOOD CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LUSTGARTEN, ED H  
Address: 1144 DOVER DR.  
City-St-Zip: ST. JOHNS, FL 32259

Title: SD ( ) Change (X) Addition  
Name: MORRISON, CHARLES F  
Address: 2166 BRIGHTON BAY TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED H. LUSTGARTEN

TD

01/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date