2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N25048

Entity Name: STUART CORVETTE CLUB, INC.

Current Principal Place of Business:

824 SW MARSH HARBOR BAY
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2694
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0005061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKEN, BARRY
824 SW MARSH HARBOR BAY
PORT SAINT LUCIE, FL 34986 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:	V/P	( ) Delete
Name:	HINKEN, BARRY	
Address:	661 SE STOW TERRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34984	
Title:	SEC	( ) Delete
Name:	KRUSE, RON	
Address:	692 SW LAKE CHARLES CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	TRES	( ) Delete
Name:	MOSTEIKO, MARK	
Address:	1817 SE DRANSON CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	PRES	( ) Delete
Name:	BRACKEN, BARRY	
Address:	824 SW MARSH HARBOR BAY	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARRY BRACKEN PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date