

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41804 (8)

1. Corporation Name

HERITAGE CORVETTE CLUB OF FLORIDA, INC.



Principal Place of Business

**875 VILLAGE WAY
PALM HARBOR FL 34682**

Mailing Address

**P.O. BOX 2254
PALM HARBOR FL 34682**

3. Date Incorporated or Qualified
01/24/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3314 River Woods Dr.

26

4. FEI Number

59-3045642

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Parrish, FL

28

Zip

Country

Zip

Country

24 34219

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLBETH, DIANE
4312 3RD AVENUE NE
BRADENTON FL 34208**

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

3314 River Woods Dr.

83

84 City

Parrish

FL

85 Zip Code

34219

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE ☐ DELETE

**PD
PERRY, WAYNE
1291 STONEY BROOK LANE
DUNEDIN FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
JANUS, JOAN
532 WALKER ROAD
SAFETY HARBOR FL**

21 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**VPD
PRUCHER, STEVE
621 PATRICIA AVENUE
DUNEDIN FL**

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD
MILLER, CINDY
1552 WEXFORD DR., S.
PALM HARBOR FL**

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

61 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Grace Cerniglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96

588-4600

Date

Daytime Phone #

CR2E037 (12/95)