


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90180 022 \*\*\*\*61.25

0072035

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N41804</b>					
1. Corporation Name <b>HERITAGE CORVETTE CLUB OF FLORIDA, INC.</b>					
Principal Place of Business 3314 RIVER HOODS DR PARRISH FL 34219 US			Mailing Address P.O. BOX 2254 PALM HARBOR FL 34682		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/24/1991 4. FEI Number 59-3045642 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	---	--

9. Name and Address of Current Registered Agent COLBETH, DIANE 3314 RIVERWOODS DR PARRISH FL 34219				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, WAYNE			1.2 NAME			
STREET ADDRESS	1291 STONEY BROOK LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, ELLA			2.2 NAME	Tamara Morrison		
STREET ADDRESS	1415 KIMBERLY LN			2.3 STREET ADDRESS	13929 Fletchers Mill Dr		
CITY-ST-ZIP	TARPON SPRINGS FL			2.4 CITY-ST-ZIP	Tampa, FL 33613		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, MIKE			3.2 NAME	Harvey Thomas		
STREET ADDRESS	1742 BELLMEADE DR			3.3 STREET ADDRESS	3328 Spring Mill Cir.		
CITY-ST-ZIP	CLEARWATER FL 33755			3.4 CITY-ST-ZIP	Sarasota, FL 34239		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERS, DANIELLE			4.2 NAME			
STREET ADDRESS	1928 CUTTY BAY CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Danielle Rivers **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/96)