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Feb 16 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 # **N43319** (5)

1. Corporation Name

FT. LAUDERDALE CORVETTE CLUB, INC.

Principal Place of Business

**1280 NW 8TH STREET
BOCA RATON FL 33486**

Mailing Address

**1260 NW 8TH STREET
BOCA RATON FL 33486**



3. Date Incorporated or Qualified

05/08/1991

4. FEI Number

65-0259867

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

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

30

9. Name and Address of Current Registered Agent

**KROOSS, RICHARD
1280 NW 8TH STREET
BOCA RATON FL 33486**

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	D	<input type="checkbox"/> DELETE
NAME	MESSURI, PETER	
STREET ADDRESS	1580 NW 11TH ST	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, STEVEN	
STREET ADDRESS	5900 BLUE BEECH PLACE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ANDREA P	
STREET ADDRESS	5900 BLUE BEECH PLACE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PFIZENMAIER, SHIRLEY	
STREET ADDRESS	252 S.W. 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAROZSAN, ANNE	
STREET ADDRESS	11133 WHISPERING PINES LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KATSIKAS, JOHN	
STREET ADDRESS	2009 N.E. 27TH DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deer, Debbie	
1.3 STREET ADDRESS	8861 NW 44th Ct	
1.4 CITY-ST-ZIP	Coral Springs, FL 33065	

2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Deer, Henry	
2.3 STREET ADDRESS	8861 NW 44th Ct	
2.4 CITY-ST-ZIP	Coral Springs, FL 33065	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Turner	
3.3 STREET ADDRESS	8804 Ivy Ct	
3.4 CITY-ST-ZIP	Davie, FL 33328	

4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shirley Pfizenmaier	
4.3 STREET ADDRESS	252 SW 23rd Street	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33315	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY PFITZENMAIER 1/22/98 984 462-5014

CR25037 (10/97)