## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43319

FILED Feb 23, 2004 Secretary of State

Entity Name: FT. LAUDERDALE CORVETTE CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1260 NW 8TH STREET BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 1260 NW 8TH STREET BOCA RATON, FL 33486 FEI Number: 65-0259867 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KROOSS, RICHARD 1260 NW 8TH STREET BOCA RATON, FL 33486 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MAZZELLI, ED Name: MAZZELLI, ED Name: 832 NW 108TH LANE Address: 832 NW 108TH LANE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 Title: DS () Delete Title: () Change () Addition MAZZELLI, DIANA Name: Name: Address: 832 NW 108TH LANE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: DVP (X) Delete Title: () Change () Addition BROWN, TOM Name: Name: 500 SE 8TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: KROOSS, RICHARD Name: Address: 1260 NW 8TH STREET Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MAROZSAN, ANDY Name: Name: 18518 ANCHOR DR Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: (X) Delete Title: () Change () Addition BROWN, JANE Name: Name: Address: 500 SE 8TH AVE Address: POMPANO BEACH, FL 33060 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD KROOSS DP 02/23/2004