

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000034 (9)**

1. Corporation Name

**NAPLES OFF-ROAD RACERS ASSOCIATION, INC.**



Principal Place of Business <b>2226 TROPICANA BLVD 157 CROWN DR NAPLES FL 34116 US</b>		Mailing Address <b>2226 TROPICANA BLVD 157 CROWN DR NAPLES FL 34116 US</b>		3. Date Incorporated or Qualified <b>12/30/1992</b>	
2. Principal Place of Business <b>21 4270 Atoll Court</b> Suite, Apt. #, etc. <b>22 Apt #8</b> City & State <b>23 Naples, Florida</b> Zip <b>24 34116</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 4270 Atoll Court</b> Suite, Apt. #, etc. <b>27 Apt. #8</b> City & State <b>28 Naples, Florida</b> Zip <b>29 34116</b> Country <b>30 USA</b>		4. FEI Number <b>65-0464619</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PECAR, GERALD ALLEN 2926 TROPICANA BLVD NAPLES FL 34116</b>		10. Name and Address of New Registered Agent <b>81 Name Robin Nichols</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 4270 Atoll Court Apt #8</b> <b>83</b> <b>84 City Naples FL 85 Zip Code 34116</b>	
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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 Robin Nichols, Treasurer DATE 4/10/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENFIELD, MARK			1.2 NAME	Joseph Barbera		
STREET ADDRESS	2600 70TH ST SW			1.3 STREET ADDRESS	4270 Atoll Court, Apt #8		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples, FL 34116		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEIFFERT, BILLY			2.2 NAME	Eric Bocock		
STREET ADDRESS	2121 RIVER REACH DR #475			2.3 STREET ADDRESS	2813 22nd Place SW		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34116		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PECAR, KAREN			3.2 NAME	Charles Robichaux		
STREET ADDRESS	2926 TROPICANA BLVD			3.3 STREET ADDRESS	9529 Winterview Drive		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP	Naples, FL 34110		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PECAR, GERALD			4.2 NAME	Robin Nichols		
STREET ADDRESS	2926 TROPICANA BLVD			4.3 STREET ADDRESS	4270 Atoll Court, Apt #8		
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP	Naples, FL 34116		
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.

SIGNATURE: Robin Nichols 03/16/98 941-353-0966

CR2E037 (10/97)