# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000872 (2)**

1. Corporation Name

**SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O KARA GRIFFITH<br>2647 MICHIGAN AVE<br>FT. MYERS FL 33916<br>US | C/O KARA GRIFFITH<br>2647 MICHIGAN AVE<br>FT. MYERS FL 33916<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0397857 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1075 Royal Palm Dr. | 26 1075 Royal Palm Dr. |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State: Naples FL | 28 City & State: Naples FL |
| 24 Zip: 33940 25 Country: USA | 29 Zip: 33940 30 Country: USA |

**9. Name and Address of Current Registered Agent**

CHOSY, LISA
725 109TH AVE. NORTH
NAPLES FL 33963

**10. Name and Address of New Registered Agent**

81 Name: Lisa Zeller nee Chosy
82 Street Address (P.O. Box Number is Not Acceptable): 1075 Royal Palm Dr
83
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: n/a - same registered agent
(Signature (typed or printed) name of registered agent (NOT for corporate officer)) (NOTE: Registered Agent signature required when name changed) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | D/P | ☒ Change ☐ Addition |
| NAME | CHOSY, LISA | 12 NAME | Zeller, Lisa | |
| STREET ADDRESS | 725 109TH AVE. NORTH | 13 STREET ADDRESS | 1075 Royal Palm Dr | |
| CITY ST ZIP | NAPLES FL 33963 | 14 CITY ST ZIP | Naples FL 33940 | |
| TITLE | D | 21 TITLE | D/V | ☒ Change ☐ Addition |
| NAME | HOFFMAN, CHRISTINE | 22 NAME | | |
| STREET ADDRESS | 18433 RICCARDO RD. | 23 STREET ADDRESS | | |
| CITY ST ZIP | FT. MYERS FL 33912 | 24 CITY ST ZIP | | |
| TITLE | D | 31 TITLE | D/S | ☒ Change ☐ Addition |
| NAME | GRIFFITH, KARA | 32 NAME | | |
| STREET ADDRESS | 2647 MICHIGAN AVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | FT. MYERS FL | 34 CITY ST ZIP | | |
| TITLE | D | 41 TITLE | | ☒ Change ☐ Addition |
| NAME | CORNELL, MARTHA M | 42 NAME | delete | |
| STREET ADDRESS | 556 109TH AVE N | 43 STREET ADDRESS | | |
| CITY ST ZIP | NAPLES FL | 44 CITY ST ZIP | | |
| TITLE | D | 51 TITLE | | ☒ Change ☐ Addition |
| NAME | MASON, EVELYN | 52 NAME | delete | |
| STREET ADDRESS | 738 92ND AVE. NORTH | 53 STREET ADDRESS | | |
| CITY ST ZIP | NAPLES FL 33963 | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | T | ☐ Change ☒ Addition |
| NAME | | 62 NAME | Levi, Judy (M | |
| STREET ADDRESS | | 63 STREET ADDRESS | 6020 Airport Ave, Suite | |
| CITY ST ZIP | | 64 CITY ST ZIP | Naples FL 33961 | |

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)(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:** Judy M. Levy 4/27/95 813-566-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059806