


5-16-97 B 7454 C
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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000872 (2)**

1. Corporation Name

SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.

Principal Place of Business

**1075 ROYAL PALM DR
2647 MICHIGAN AVE
NAPLES FL 33940
US**

Mailing Address

**1075 ROYAL PALM DR
2647 MICHIGAN AVE
NAPLES FL 34103-4847
US**

3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **8179 Wilshire Lakes Blvd**

Suite, Apt. #, etc.

22

City & State

Naples FL

23 **34109**

Country

USA

24

2a. Mailing Address

26 **8179 Wilshire Lakes Blvd**

Suite, Apt. #, etc.

27

City & State

Naples FL

28 **34109**

Country

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOSY, LISA
1075 ROYAL PALM DR
NAPLES FL 33940**

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 **DP** ☐ DELETE

NAME **ZELLER, LISA**
STREET ADDRESS **1075 ROYAL PALM DR**
CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☒ DELETE

NAME **MATTSON, LISA**
STREET ADDRESS **1400 POMPEI LANE #34**
CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☒ DELETE

NAME **MAGIN, KAREN**
STREET ADDRESS **17-12 PARK MEADOWS DR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **DT** ☐ DELETE

NAME **LEVY, JUDY M**
STREET ADDRESS **6020 28TH AVE., S.W.**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **CORNELL, MARTHA MILLER**
STREET ADDRESS **556 109TH AVE N**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE

NAME **LARSEN, DEBBIE**
STREET ADDRESS **4642 CHIPPENDALE DR**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **P** ☐ Change ☒ Addition

2.2 NAME **Kruidsen, Kristy**
2.3 STREET ADDRESS **88 Parkshore Dr #C-15**
2.4 CITY-ST-ZIP **NAPLES FL 34103**

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME **Margotte, Karen**
3.3 STREET ADDRESS **8179 Wilshire Lakes Drive**
3.4 CITY-ST-ZIP **NAPLES, FL 341**

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME **Harp, Carol**
4.3 STREET ADDRESS **2878-B Pelican Ridge Blvd.**
4.4 CITY-ST-ZIP **Naples, FL 341**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Bishop, Andrew**
5.3 STREET ADDRESS **1657 Menlo Dr.**
5.4 CITY-ST-ZIP **FT MYERS, FL 33901**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Hemelgarn, Alicia**
6.3 STREET ADDRESS **11353 Tangerine Drive**
6.4 CITY-ST-ZIP **Bonita Springs, FL 34135**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 941-262-4513
Date Daytime Phone # 0088385

CR2E037 (9/96)

1997 Annual Report

Southwest Florida Suzuki Association, Inc.

#N93000000872 (2)
65-0397857

Line 13 continued

Title D
Name Mason, Evelyn
Street Address 1039 5th Avenue N.
City-St-Zip Naples, FL 34102

Addition

Title D
Name Witchger, Maria
Street Address 1009 Madison Ave
City-St-Zip Immokalee, FL 33934

Addition