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Mar 03 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 # N93000000872 (2)**  
1. Corporation Name  
**SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.**

Principal Place of Business <b>8179 WILSHIRE LAKES BLVD. NAPLES FL 34109 US</b>	Mailing Address <b>8179 WILSHIRE LAKES BLVD. NAPLES FL 34109 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CHOSY, LISA  
1075 ROYAL PALM DR  
NAPLES FL 33940**

3. Date Incorporated or Qualified <b>03/12/1993</b>	4. FEI Number <b>65-0397857</b>	Applied For <input type="checkbox"/> Not Applicable
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		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZELLER, LISA</b>
STREET ADDRESS	<b>1075 ROYAL PALM DR</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KINDSEN, KRISTY</b>
STREET ADDRESS	<b>788 PAVKSHORE DR., C-15</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MARCOTTE, KAREN</b>
STREET ADDRESS	<b>8179 WILSHIRE LAKES DR.</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>LEVY, JUDY M</b>
STREET ADDRESS	<b>8020 28TH AVE., S.W.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CORNELL, MARTHA MILLER</b>
STREET ADDRESS	<b>556 109TH AVE N</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEMELGARN, ALICIA</b>
STREET ADDRESS	<b>11353 TANGERINE DRIVE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kalameris, Paula</b>
1.3 STREET ADDRESS	<b>23 Winewood Court</b>
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
2.1 TITLE	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kollegger, Carolyn</b>
2.3 STREET ADDRESS	<b>12605 Hunters Ridge Road</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
3.1 TITLE	<b>Co-President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Marcotte, Karen</b>
3.3 STREET ADDRESS	<b>8179 Wilshire Lakes Blvd.</b>
3.4 CITY-ST-ZIP	<b>Naples, FL 34109</b>
4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>McLean, Janyce</b>
4.3 STREET ADDRESS	<b>1253 12th Avenue N.</b>
4.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>
5.1 TITLE	<b>Co-President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Harp, Carol</b>
5.3 STREET ADDRESS	<b>878-B Meadowland Drive</b>
5.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>
6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Carpenter, Cheryl</b>
6.3 STREET ADDRESS	<b>1754 42nd Terrace, SW</b>
6.4 CITY-ST-ZIP	<b>Naples, FL 34116</b>

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: Judy M. Levy **Judy M. Levy Treas.** 2/8/98 941-262-4513

CFR2E037 (10/97)