


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90075 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N93000000872</b>		
1. Corporation Name <b>SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.</b>		
Principal Place of Business 8179 WILSHIRE LAKES BLVD. NAPLES FL 34109 US	Mailing Address 8179 WILSHIRE LAKES BLVD. NAPLES FL 34109 US	



2. Principal Place of Business 21 <b>8179 Wilshire Lakes Blvd</b>	2a. Mailing Address 27 <b>8179 Wilshire Lakes Blvd</b>	3. Date Incorporated or Qualified <b>03/12/1993</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-0397857</b>
22	27	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Naples FL</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>34109</b> Country <b>USA</b>	29 Zip Country	30 <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>CHOSY, LISA 1075 ROYAL PALM DR NAPLES FL 33940</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KALAMERIS, PAULA</b>	1.2 NAME	<b>Levy, Judy M.</b>
STREET ADDRESS	<b>23 WINEWOOD CT</b>	1.3 STREET ADDRESS	<b>6020 26th AVE, SW</b>
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	1.4 CITY-ST-ZIP	<b>Naples FL 34116</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOLLEGER, CAROLYN</b>	2.2 NAME	<b>Knudsen, Kristy</b>
STREET ADDRESS	<b>12605 HUNTERS RIDGE RD</b>	2.3 STREET ADDRESS	<b>1937 Timberline Drive</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	2.4 CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARCOTTE, KAREN</b>	3.2 NAME	<b>Rich, Lori</b>
STREET ADDRESS	<b>8179 WILSHIRE LAKES BLVD</b>	3.3 STREET ADDRESS	<b>2215 Royal Lane</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	3.4 CITY-ST-ZIP	<b>NAPLES FL 34112</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLEAN, JANYCE</b>	4.2 NAME	<b>Hemelgarn Alizia</b>
STREET ADDRESS	<b>1253 12TH AVE N</b>	4.3 STREET ADDRESS	<b>11353 Tangerine Dr</b>
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	4.4 CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARP, CAROL</b>	5.2 NAME	<b>Viets, Carolyn</b>
STREET ADDRESS	<b>878-B MEADOWLAND DR</b>	5.3 STREET ADDRESS	<b>1360 Nottingham Drive</b>
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	5.4 CITY-ST-ZIP	<b>Naples FL 34109</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARPENTER, CHERYL</b>	6.2 NAME	<b>Cornell, Martha Miller</b>
STREET ADDRESS	<b>1754 42ND TERRACE SW</b>	6.3 STREET ADDRESS	<b>556 109th Avenue, N.</b>
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	6.4 CITY-ST-ZIP	<b>NAPLES FL 34108</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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Levy 4/27/99 941-262-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)