


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N93000000872	
<b>1. Entity Name</b> SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1075 ROYAL PALM DR NAPLES, FL 34103 US	<b>Mailing Address</b> 1075 ROYAL PALM DR NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-0397857	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

ZELLER, LISA C  
1075 ROYAL PALM DR  
NAPLES, FL 34103

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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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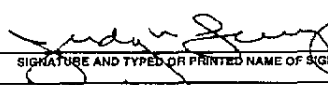
**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD LEVY, JUDY M 6020 COPPER LEAF LANE NAPLES, FL 34116
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP ZELLER, LISA 1075 ROYAL PALM DR NAPLES, FL 34103
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CORNELL, MARTHA M 556 109TH AVENUE NORTH NAPLES, FL 34108
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D ROAFORD, KATIE 2307 ARBOUR WALK CIR NAPLES, FL 34109
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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U00000076022  
03/04/04-80010-012 61.25

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Judy M. Levy, Treasurer** 3/1/04 239-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**