


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 022 ****61.25

DOCUMENT # N96000001035 1. Entity Name FLORIDA CITRUS REGION, PORSCHE CLUB OF AMERICA, INC.					
Principal Place of Business 1741 WESTCHESTER AVE WINTER PARK, FL 32789 US			Mailing Address 3314 S.M.U. COURT ORLANDO, FL 32817 US		
2. Principal Place of Business 1334 Graceview Ct. Suite, Apt. #, etc.			3. Mailing Address 1334 Graceview Ct. Suite, Apt. #, etc.		
City & State Longwood FL Zip - 32750 Country - USA			City & State Longwood FL Zip - 32750 Country - USA		
4. FEI Number 59-2199317			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AVILES, CARLOS V 3314 S.M.U. COURT ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name: Mark Peebles Street Address (P.O. Box Number is Not Acceptable): 1334 Graceview Ct. City: Longwood FL Zip Code: 32750		
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: <u>Mark R Peebles</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/25/15</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS, AVILES 3314 S.M.U. COURT ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGA, TANIA 704 COACH LIGHT DRIVE FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METEVIER, CHRIS 418 LAKEPARK TRAIL OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC VANDERVEER, THOMAS 4048 GILDER ROSE PLACE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Peebles 1334 Graceview Ct Longwood FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Peebles 1334 Graceview Ct. Longwood FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mark R Peebles</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					