2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004620

PORSCHE 356 FLORIDA OWNERS GROUP, INCORPORATED



FILED Apr 23, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

724 CABLE BEACH LANE NORTH PALM BEACH, FL 33410 US

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US



DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JERRY R 724 CABLE BEACH LANE NORTH PALM BEACH, FL. 33410

DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE.						$\frac{1}{2} \frac{1}{2} \frac{1}$
Signature, typed or printed name of registered agent and tritle if applicable, (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be						
	Due by May 1, 2008	Trust Fund Contribution.	′ 🗆	Added to Fees		
10.	OFFICERS AND DIREC	TORS				··········
TITLE	PD					
NAME	REKER, JOHN					
STREET ADDRESS	1660 JOELINE CT					
CITY - ST- ZIP	WINTER PARK, FL 32789					
TITLE	s				ne/19940091	7823 057-009 61.25
NAME	MITCHELL, JERRY				00/10/00/00	131_062 PT.52
STREET ADDRESS CITY-ST-ZIP	724 CABLE BEACH LN					
	PALM BEACH GARDENS, FL 33410					
TITLE	VD					
NAME STREET ADDRESS	OWEN, MICHAEL					
CITY-ST-ZIP	3272 SUNSET VALLEY CT LONGWOOD, FL 32779			DO	NOT WE	RITE
TITLE	 			181	TINO OD	100
NAME	TD DAVIS, MICHAEL			IN	THIS SPA	ACE
STREET ADDRESS	824 S OSCEOLA AVE					
CITY-ST-ZIP	ORLANDO, FL 32801	J				
TITLE	D	· · · · · · · · · · · · · · · · · · ·				
NAME	GETCHELL, GLEN					
STREET ADDRESS	7840 128TH STREET N					
CITY-ST-ZIP	SEMINOLE, FL 33776				• - • • • • • •	
TITLE	D		4.3	1 415	1	,
NAME	HALL, RICHARD		,	RELEDIT TO 1	ı	
STREET ADDRESS	714 APOLLO BEACH BLVD				e 17 to Augustus — Aug	r a
City-St-Zip	APOLLO BEACH, FL 33572	<u>.</u>				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: