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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006758

1. Corporation Name

EVERGLADES REGION, PORSCHE CLUB OF AMERICA, INC.

Principal Place of Business

3951 MERCANTILE AVE
NAPLES FL 34106

Mailing Address

P O BOX 2911
NAPLES FL 34106



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/02/1997

4. FEI Number

59-3482813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HINNANT, NANETTE L
3951 MERCANTILE AVE UNIT 1
NAPLES FL 34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SMARGE, JOHN
STREET ADDRESS 3861 DOMESTIC AVE
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ DELETE
NAME HINNANT, NANETTE M
STREET ADDRESS P O BOX 755 N/A
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE
NAME HINNANT, LARRY
STREET ADDRESS P O BOX 755 N/A
CITY-ST-ZIP NAPLES FL 34106

TITLE D ☐ DELETE
NAME KISER, RORY
STREET ADDRESS 3341 23 AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE D ☒ DELETE
NAME STICKNEY, WAYNE
STREET ADDRESS 9753 CAMPBELL CIR
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME HINNANT, NANETTE M.
1.3 STREET ADDRESS P.O. Box 755 N/A
1.4 CITY-ST-ZIP Naples FL 34109 RK

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME GREENBERG, DAVID
2.3 STREET ADDRESS 1620 Winkler Road
2.4 CITY-ST-ZIP Fort Myers, FL 33919

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME RYIG, ARMOND
3.3 STREET ADDRESS 1010 Southwest 12th Court
3.4 CITY-ST-ZIP Cape Coral, FL 33990

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME SAPP, MICHELE DAENZER
4.3 STREET ADDRESS 3602 KENT DRIVE
4.4 CITY-ST-ZIP Naples, FL 34112

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

941-571-0417
Daytime Phone #

CR2E037 (11/98)