


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006758	
1. Entity 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
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02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3482813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STELZER, WILLIAM 301 AIRPORT ROAD NORTH NAPLES, FL 34104


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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000073740 03/02/04-80049-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, GARY 6213D PRESIDENTIAL CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEBBINS, ANNE 184 FURSE LAKES CR 8 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHEN, MAIN 15 NEWBURG PL NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  GARY HARVEY	Date: 2/27/04	Daytime Phone #: 239.437.9222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		