


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90047 025 \*\*\*\*61.25

<b>DOCUMENT # N04000008398</b> 1. Entity Name <b>THE SAAB CLUB OF TAMPA BAY INC.</b>					
Principal Place of Business <b>2021 DARLINGTON OAK DR SEFFNER, FL 33584</b>			Mailing Address <b>PO BOX 684 SEFFNER, FL 33583</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 1341</b> Suite, Apt. #, etc.		
City & State Zip			City & State <b>Tarpon Springs, FL.</b> Zip <b>34688</b>		
Country <b>USA</b>			4. FEI Number <b>APPLIED FOR/01-0868991</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> <b>KEEN, BOBBY</b> <b>2021 DARLINGTON OAK DR</b> <b>SEFFNER, FL 33584</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEEN, BOBBY</b> <b>2021 DARLINGTON OAK DR</b> <b>SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FEIN, ALAN</b> <b>1203 CEDAR LAKE DR</b> <b>TAMPA, FL 33612</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>UTRIAS, CHARLES</b> <b>485-68 WESTLAKE BLVD.</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>GOULISH, SHARON</b> <b>272 OLD EAST LAKE RD.</b> <b>TARPON SPRINGS, FL 34688</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Sharon Goulish</i> <b>SHARON GOULISH</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>1/21/07</b> <small>Daytime Phone #</small> <b>727-934-0994</b>					