


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90359 010 ****61.25

DOCUMENT # N51259					
1. Entity Name GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.					
Principal Place of Business 3203 BAYSHORE BLVD THE STOVALL # 1002 TAMPA FL 33629 US		Mailing Address 3203 BAYSHORE BLVD THE STOVALL # 1002 TAMPA FL 33629 US		40070000	
2. Principal Place of Business		3. Mailing Address		(N51259 ===== N)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3148462	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, JAMES D C/O LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON, FL 33433-9984				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO, ALBERT		NAME	Douglas, William	
STREET ADDRESS	9400 US HWY 19 N.		STREET ADDRESS	2500 54th St. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP	St. Petersburg FL 33713	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, LARRY		NAME		
STREET ADDRESS	18911 US HWY 19 NORTH		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, GEORGE O		NAME	ELDER, ROBERT	
STREET ADDRESS	3203 BAYSHORE BLVD. #1002		STREET ADDRESS	320 E Fletcher Ave	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, RON		NAME	MAHER, MIKE	
STREET ADDRESS	13525 US HWY 19 NORTH		STREET ADDRESS	2901 34th St. N.	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	St. Petersburg FL 33713	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARALBAN, RUSSELL M.		NAME		
STREET ADDRESS	21154 US HWY 19N		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, KELLY		NAME	Jimmy Snyder	
STREET ADDRESS	11333 N. FLORIDA AVE.		STREET ADDRESS	101 E. Fletcher Ave.	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa FL 33612	
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: <u>George O. Wilson</u>		Date: <u>4/26/06</u>		Daytime Phone #: <u>813-837-1114</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					