


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 042 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3148462	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip	
Country		Country		Country	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOUGLAS, WILLIAM	NAME			
STREET ADDRESS	2500 54TH ST N	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHER, MIKE	NAME			
STREET ADDRESS	2901 34TH ST N	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SNYDER, JIMMY	NAME	Rodgers, Larry		
STREET ADDRESS	101 E FLETCHER AVE	STREET ADDRESS	18911 US Hwy 19 North		
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	CLEARWATER FL 33704		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MUELLER, RON	NAME	Rivard, Roger		
STREET ADDRESS	13525 US HWY 19 NORTH	STREET ADDRESS	9740 Adams Dr		
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	Tampa FL 33619		
TITLE	ST <input type="checkbox"/> Delete	TITLE	VP <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	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GHIOTO, RALPH	NAME			
STREET ADDRESS	4400 N DALE MABRY HWY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
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 III</u> George O. Wilson III <u>4/20/08</u> 813-837-1114					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					