

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706124

**FILED**  
**Feb 16, 2021**  
**Secretary of State**  
**5493020359CC**

**Entity Name:** TAMPA NEW AUTO DEALERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6205 WILD ORCHID DRIVE  
LITHIA, FL 33547

**Current Mailing Address:**

6205 WILD ORCHID DRIVE  
LITHIA, FL 33547 US

**FEI Number:** 59-1059589

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCELHENY, ROBERT F  
6205 WILD ORCHID DRIVE  
LITHIA, FL 33547 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           EVP, ED  
Name           MCELHENY, ROBERT F  
Address        6205 WILD ORCHID DRIVE  
City-State-Zip: LITHIA FL 33547

Title           DIRECTOR  
Name           PARKS, RON  
Address        10505 N. FLORIDA AVE.  
City-State-Zip: TAMPA FL 33612

Title           DIRECTOR  
Name           HILL, GRAHAM  
Address        5300 EAGLESTON BLVD.  
City-State-Zip: WESLEY CHAPEL FL 33544

Title           PRESIDENT  
Name           GHIOTO III, RALPH III  
Address        3308 W HILLSBOROUGH AVE.  
City-State-Zip: TAMPA FL 33614-5802

Title           VP  
Name           RIVARD, CADE  
Address        9740 ADAMO DRIVE  
City-State-Zip: TAMPA FL 33619

Title           SECRETARY, TREASURER  
Name           ROGERS, KELLY  
Address        11333 N. FLORIDA AVE.  
City-State-Zip: TAMPA FL 33612

Title           DIRECTOR  
Name           STRASKE, STEPHEN II  
Address        1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606-1849

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT MCELHENY**

**EVP, ED**

**02/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date