

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748908

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC4765268455**

**Entity Name:** FLORIDA AUTOMOBILE DEALERS ASSOCIATION

**Current Principal Place of Business:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 59-0245515

**Certificate of Status Desired:** No

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

SMITH, THEODORE LTED  
400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301 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 PAST CHAIRMAN  
Name ROBERT, LEE  
Address 541 MARY ESTHER CUTOFF  
City-State-Zip: FORT WALTON FL 32548

Title CHAIRMAN ELECT  
Name CHARIFF, JONATHAN  
Address 4401 W SAMPLE RD  
City-State-Zip: POMPANO BEACH FL 33073

Title PRESIDENT  
Name SMITH, THEODORE L  
Address 400 N MERIDIAN STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN  
Name SERBOUSEK, TED  
Address 932 N NOVA RD.  
City-State-Zip: DAYTONA BEACH FL 32117

Title TREASURER  
Name O'STEEN, TOM  
Address 11401 PHILIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name HUDSON, ROBERT  
Address 243 N. MAGNOLIA DR.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name FINK, SCOTT  
Address 3936 US HIGHWAY 19  
City-State-Zip: NEW PORT RICHEY FL 34652

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

**Continues on page 2**

*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:** THEODORE SMITH

**PRESIDENT**

**03/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CRAMER, COMPTON  
Address 985 U.S. HWY. 41 BYPASS SOUTH  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name PARKS, RANDY  
Address 3505 N. US HWY. 17-92  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name DAY, ERIK  
Address 20800 NW 2ND AVE.(HWY 441)  
City-State-Zip: MIAMI FL 33169

Title DIRECTOR  
Name ROSSI, JOE  
Address 3407 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name BOZARD, BO  
Address 540 OUTLET MALL BLVD.  
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR  
Name WILDSTEIN, ALAN  
Address PO BOX 9200  
City-State-Zip: SEBRING FL 33871

Title DIRECTOR  
Name GARDNER, GLENN  
Address 911 NE 2ND AVE.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR  
Name JARRETT, BILL  
Address 1305 US 27 N.  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name MCNAMARA, PAUL  
Address 3776 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name ASSIMENIOS, TELIS  
Address 9850 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225