

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748908

FILED
Apr 03, 2018
Secretary of State
CC1362036245

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 DIRECTOR
Name GRAHAM, HAMPTON
Address 701 RIVERSIDE PARK PLACE, SUITE
 310
City-State-Zip: JACKSONVILLE FL 32204-

Title DIRECTOR
Name KRAFT, CHRIS
Address 3277 MAHAN DR
City-State-Zip: TALLAHASSEE FL 32308-

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

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

Title DIRECTOR
Name TURNER, ALLEN
Address 6000 PENSACOLA BLVD
City-State-Zip: PENSACOLA FL 32505

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

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

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

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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

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SOULLIERE, GREG
Address 2901 34TH ST N
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR
Name SHEEHAN, TOM
Address 2800 N FEDERAL HWY
City-State-Zip: LIGHTHOUSE POINT FL 33064-

Title DIRECTOR
Name KISSELBACK, BOBBY
Address 1118 13TH ST
City-State-Zip: ST CLOUD FL 34759

Title DIRECTOR
Name MAHALAK , MIKE
Address 299 CYPRESS GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33880-

Title DIRECTOR
Name PARKS, RONALD
Address 5088 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33614-

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

Title DIRECTOR
Name DOUGLAS, GREG
Address 2382 TAMIAMI TRL S
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name LEE, JOHN
Address 120 E 23RD ST
City-State-Zip: PANAMA CITY FL 32405-

Title DIRECTOR
Name LETSON, CONRAD
Address 9051 E COLONIAL DR
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name KELLY, TIM
Address 776 MAGNOLIA AVE
City-State-Zip: MELBOURNE FL 32935