2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748908

Entity Name: FLORIDA AUTOMOBILE DEALERS ASSOCIATION

FILED Mar 01, 2021 Secretary of State 7476524098CC

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 Title DIRECTOR GRAHAM, HAMPTON KRAFT, CHRIS Name Name 701 RIVERSIDE PARK PLACE, SUITE Address Address 3277 MAHAN DR

City-State-Zip: JACKSONVILLE FL 32204-

Title **CHAIRMAN** Title **PRESIDENT**

Name TURNER, ALLEN Name SMITH, THEODORE L Address 6000 PENSACOLA BLVD

400 N MERIDIAN STREET Address PENSACOLA FL 32505

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip:

Title CHAIRMAN, IMMEDIATE PAST Title CHAIRMAN, ELECT

ASSIMENIOS, TELIS MCNAMARA, PAUL Name Address 9850 ATLANTIC BLVD.

3776 W COLONIAL DR Address City-State-Zip: JACKSONVILLE FL 32225

City-State-Zip: ORLANDO FL 32808

Title **TREASURER** Title DIRECTOR

Name SOULLIERE, GREG 2382 TAMIAMI TRL S Address

Address 2901 34TH ST N City-State-Zip: VENICE FL 34293

City-State-Zip: ST PETERSBURG FL 33713

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City-State-Zip:

Name

Name

TALLAHASSEE FL 32308-

DOUGLAS, GREG

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.

03/01/2021 SIGNATURE: THEODORE SMITH **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameSHEEHAN, TOMNameLEE, JOHNAddress2800 N FEDERAL HWYAddress120 E 23RD ST

City-State-Zip: LIGHTHOUSE POINT FL 33064- City-State-Zip: PANAMA CITY FL 32405-

DIRECTOR

Title DIRECTOR Title

NameKISSELBACK, BOBBYNameLETSON, CONRADAddress1118 13TH STAddress9051 E COLONIAL DRCity-State-Zip:ST CLOUD FL 34759City-State-Zip:ORLANDO FL 32817

Title DIRECTOR Title DIRECTOR

Name MAHALAK , MIKE Name KELLY, TIM

Address 299 CYPRESS GARDENS BLVD. Address 776 MAGNOLIA AVE

City-State-Zip: WINTER HAVEN FL 33880- City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR Title LEGISLATIVE CHAIRMAN

NamePARKS, RONALDNameSERBOUSEK, TEDAddress5088 N DALE MABRY HWYAddress932 N NOVA ROAD

City-State-Zip: DAYTONA BEACH FL 32117

City-State-Zip: TAMPA FL 33614- City-State-Zip: DAYTONA BEACH FL 32117

Title ADIAB REP Title NADA FL DIRECTOR
Name CASTRIOTA, TOM

Name CHARIFF, JONATHAN

Address 16165 S DIXIE HWY

Address 12930 US HIGHWAY 19

City-State-Zip: HUDSON FL 34667

City-State-Zip: MIAMI FL 33157

Title DIRECTOR Title DIRECTOR

NameMANTIONE, JOHNNameKOTZEN, RICHARDAddress963 N WYMORE BLVDAddress2060 BISCAYNE BLVD.
SECOND FLOOR

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: MIAMI FL 33137

Title DIRECTOR Title DIRECTOR

NameMALO, SEBASTIANNameKOMINOWSKI, SHANNONAddress8655 PINES BLVDAddress1150 N ORLANDO AVECity-State-Zip:PEMBROKE FL 33024City-State-Zip:WINTER PARK FL 32789

Title DIRECTOR Title DIRECTOR

NameBUSH DEL PIZZO, MEGANNameWILDSTEIN, ALANAddress9850 ATLANTIC BLVD.AddressPO BOX 9200

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: SEBRING FL 33871

Title DIRECTOR Title DIRECTOR

Name MARKS, KEN Name HOFFMAN , RANDY

Address PO BOX 1508 Address 2850 SOUTH FEDERAL HIGHWAY

City-State-Zip: CLEARWATER FL 33757 City-State-Zip: DELRAY BEACH FL 33483