

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90129 045 \*\*\*\*61.25

**DOCUMENT # 706124**

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



Principal Place of Business  
**3203 BAYSHORE BLVD  
THE STOVALL #1002  
TAMPA, FL 33629-1707 US**

Mailing Address  
**3203 BAYSHORE BLVD  
THE STOVALL #1002  
TAMPA, FL 33629-1707 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1059589**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JAMES D.  
7300 W. CAMINO REAL  
SUITE 224  
BOCA RATON, FL 33433**

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. ☐

**\$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 **ST** ☐ Delete  
NAME **ROGERS, KELLY**  
STREET ADDRESS **11333 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **GHIOTO, RALPH**  
STREET ADDRESS **4400 N DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MORGAN, LARRY**  
STREET ADDRESS **1101 E FLETCHER AVE**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PELAEZ, ED**  
STREET ADDRESS **302 W FLETCHER AVE**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **ST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RIVARD, ROGER**  
STREET ADDRESS **9740 ADAMS DR**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **SNYDER, JIMMY**  
STREET ADDRESS **101 E FLETCHER AVE.**  
CITY-ST-ZIP **TAMPA, FL 33682**

TITLE **D** ☐ Change ☒ Addition  
NAME **McElheny, Robert**  
STREET ADDRESS **11780 TAMPA GATEWAY BLVD**  
CITY-ST-ZIP **SEFFNER FL 33584**

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: *George O. Wilson III* **George O. Wilson III**

Date **4/18/08** Daytime Phone # **813-837-1114**