

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 713569

1. Entity Name
**CLEARWATER AUTOMOBILE DEALERS ASSOCIATION,
INC.**



Principal Place of Business
**PO BOX 5012
CLEARWATER, FL 33758 US**

Mailing Address
**PO BOX 5012
CLEARWATER, FL 33758 US**



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1936411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAXTER, JAMES A.
BAXTER & RINARD, P.A.
220 SOUTH GARDEN AVE.
CLEARWATER, FL**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARALBAN, RUSSELL 21154 US 19 N CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUELLER, RON 13525 US 19 N CLEARWATER, FL 33764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PILATO, SAM 25485 US 19 N CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000712436
04/26/07-80045-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 employment.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell Zaralban **Russell Zaralban, Pres** 4/12/07 (724) 410-3999