


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008747 1. Entity Name MID FLORIDA ALFA ROMEO OWNERS CLUB, INC.	
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Principal Place of Business 225 SHADOW BAY BLVD S LONGWOOD, FL 32779	Mailing Address 225 SHADOW BAY BLVD S LONGWOOD, FL 32779
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0038880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNSTEIN, HOWARD 225 SHADOW BAY BLVD S LONGWOOD, FL 32779
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**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, 2005**

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	D BERNSTEIN, HOWARD 225 SHADOW BAY BLVD S LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE, ROBERT 9501 KILGORE RD. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MARGO 679 SILVER CREEK DR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHER, DAN 635 MANDERLEY RUN LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT 679 SILVER CREEK DR WINTER SPRINGS, FL 327083142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000239463
02/22/05-80047-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dan Richer* **407-323-9218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #