## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008747

FILED Jul 09, 2008 Secretary of State

Entity Name: MID FLORIDA ALFA ROMEO OWNERS CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 225 SHADOW BAY BLVD S LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 225 S. SHADOWBAY BLVD 225 SHADOW BAY BLVD S LONGWOOD, FL 32779 LONGWOOD, FL 32779 FEI Number: 30-0038880 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNSTEIN, HOWARD BERNSTEIN, HOWARD 225 SHADOW BAY BLVD S 225 S. SHADOWBAY BLVD LONGWOOD, FL 32779 LONGWOOD, FL 32779 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: 07/09/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BERNSTEIN, HOWARD BERNSTEIN, HOWARD Name: Name: 225 SHADOW BAY BLVD S Address: 225 S. SHADOWBAY BLVD Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 Title: Title: ( ) Delete () Change () Addition HARVEY, DON Name: Name: Address: 3311 DEREK CT Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition STRATTON, THEODORE Name: Name: 205 SARA LANE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: HOWARD BERNSTEIN PRES 07/09/2008

( ) Delete

() Delete

BURNSTINE, NORMAN

LONGWOOD, FL 32779

DEMICHINA, RICHARD

DAYTONA BEACH, FL 32119

107 WOOD IBIS CT

102 CAMBRIDGE DR

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

(X) Change ( ) Addition

MILLER, MARGO

679 SILVERCREEK DRIVE

WINTER SPRINGS, FL 32708