

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008747

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

225 SHADOW BAY BLVD S
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

225 S. SHADOWBAY BLVD
LONGWOOD, FL 32779

New Mailing Address:

225 SHADOW BAY BLVD S
LONGWOOD, FL 32779

FEI Number: 30-0038880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, HOWARD
225 S. SHADOWBAY BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERNSTEIN, HOWARD
Address: 225 S. SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: DVP () Delete
Name: HARVEY, DON
Address: 3311 DEREK CT
City-St-Zip: WINTER PARK, FL 32792

Title: DS () Delete
Name: STRATTON, THEODORE
Address: 205 SARA LANE
City-St-Zip: LEESBURG, FL 34748

Title: DT () Delete
Name: BURNSTINE, NORMAN
Address: 102 CAMBRIDGE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MILLER, MARGO
Address: 679 SILVERCREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MANN, BARRY
Address: 5530 S. LAKE BURKETT LANE
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COWHERD, PATRICIA
Address: 1640 PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

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.

SIGNATURE: HOWARD BERNSTEIN

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date