


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 033 ****61.25

DOCUMENT # N03000000173 1. Entity Name FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC.																													
Principal Place of Business 1568 ARBOR LANE FERNANDINA BEACH, FL 32034				Mailing Address 1568 ARBOR LANE FERNANDINA BEACH, FL 32034																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 95658 ARBOR LANE Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number APPLIED FOR 59-2321139 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06252007 Chg-NP CR2E037 (12/06)																									
6. Name and Address of Current Registered Agent HAWKINS, JENNIFER 1568 ARBOR LANE FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 95658 ARBOR LANE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">KAWAJA, JASON</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>3612 NW 53RD TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	KAWAJA, JASON	<input type="checkbox"/> Delete	NAME		3612 NW 53RD TERRACE		STREET ADDRESS		GAINESVILLE, FL 32606		CITY - ST - ZIP				TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		CITY - ST - ZIP	
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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: Jennifer S Hawkins **VICE President** 6-24-07 904 261 0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #