

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000173

FILED
Feb 15, 2009
Secretary of State

Entity Name: FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC.

Current Principal Place of Business:

1568 ARBOR LANE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

14027 NW 10 ROAD
JONESVILLE, FL 32669

Current Mailing Address:

95658 ARBOR LN
FERNANDINA BEACH, FL 32034

New Mailing Address:

14027 NW 10 ROAD
JONESVILLE, FL 32669

FEI Number: 59-2321139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, JENNIFER
95658 ARBOR LN
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

KAWAJA, JASON
14027 NW 10 ROAD
JONESVILLE, FL 32669 US

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: JASON KAWAJA

02/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAWAJA, JASON
Address: 3612 NW 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: HAWKINS, JENNIFER
Address: 1568 ARBOR LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: TAYLOR, DAWN
Address: 1211 PATHWAY DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: T (X) Delete
Name: HAWKINS, RUSSELL M
Address: 1568 ARBOR LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAWAJA, JASON
Address: 14027 NW 10 ROAD
City-St-Zip: JONESVILLE, FL 32669

Title: T (X) Change () Addition
Name: NELLINGER, LEWIS
Address: 6815 NW 284 TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

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

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JASON KAWAJA

P

02/15/2009

Electronic Signature of Signing Officer or Director

Date