# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# N08000004752

**Entity Name:** AMERICAN ASPERGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1301 SEMINOLE BLVD.
SUITE B-112
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SEMINOLE BLVD.
SUITE B-112
LARGO, FL 33770

**New Mailing Address:**

**FEI Number: 26-2659806** **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:**

KNAUS, RONALD L
1301 SEMINOLE BLVD.
SUITE B-112
LARGO, FL 33770 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: | P | ( ) Delete |
| Name: | KNAUS, RONALD | |
| Address: | 1301 SEMINOLE BLVD., SUITE B-112 | |
| City-St-Zip: | LARGO, FL 33770 | |
| Title: | VP | ( ) Delete |
| Name: | VASHARDT, JACK | |
| Address: | 15635 GULF BLVD. | |
| City-St-Zip: | REDINGTON BEACH, FL 33708 | |
| Title: | SEC | ( ) Delete |
| Name: | WEDEKIND, THOMAS C | |
| Address: | 11254 58TH STREET N | |
| City-St-Zip: | CLEARWATER, FL 33760 | |
| Title: | TREA | ( ) Delete |
| Name: | FARNSWORTH, VERNON | |
| Address: | 14104 58TH STREET N | |
| City-St-Zip: | CLEARWATER, FL 33760 | |
| Title: | BRD | ( ) Delete |
| Name: | MALINOWSKI, PATRICIA L | |
| Address: | 1301 SEMINOLE BLVD., SUITE B-112 | |
| City-St-Zip: | LARGO, FL 33770 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: RON KNAUS P 05/01/2009

Electronic Signature of Signing Officer or Director — Date