

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17975

FILED
Feb 08, 2007
Secretary of State

Entity Name: THE SUZUKI ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O LAURA A. WOODSIDE
7531 S.W. 137 ST
MIAMI, FL 33158

New Principal Place of Business:

Current Mailing Address:

C/O LAURA A. WOODSIDE
7531 S.W. 137 ST
MIAMI, FL 33158

New Mailing Address:

FEI Number: 59-2756631 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOODSIDE, LAURA A.
7531 S.W. 137TH ST
MIAMI, FL 33158 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: TORRES-MORIA, ROSANA
Address: 296 N.W. 118 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: COMBS, CORTNEY
Address: 3929 SW 76 TERR
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: LAROCK, MARY ANN
Address: 2009 SE 26 TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: WOODSIDE, LAURA A.,
Address: 7531 SW 137TH ST.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: RAIMONDI, TINA
Address: 816 NW 29TH ST
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BAKER, CORTNEY
Address: 3929 SW 76 TERR
City-St-Zip: DAVIE, FL 33314

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

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

Title: VP (X) Change () Addition
Name: RAIMONDI, TINA
Address: 816 NW 29TH ST
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ANN LAROCK

T

02/08/2007

Electronic Signature of Signing Officer or Director

Date