

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17975

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

816 NW 29TH STREET
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

816 NW 29TH STREET
WILTON MANORS, FL 33311

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:

RAIMONDI, TINA DR.
816 NW 29TH STREET
WILTON MANORS, FL 33311 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: S () Delete
Name: BAKER, 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 (X) Delete
Name: WOODSIDE, LAURA A.
Address: 7531 SW 137TH ST.
City-St-Zip: MIAMI, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MRS. (X) Change () Addition
Name: WOODSIDE, LAURA A
Address: 7531 SW 137TH STREET
City-St-Zip: MIAMI, FL 33158

Title: MRS. (X) Change () Addition
Name: ABRAHAMS, MARILYN
Address: 1510 SW 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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: TINA RAIMONDI

DR.

04/28/2009

Electronic Signature of Signing Officer or Director

Date