

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32862 (7)

1. Corporation Name

CHARLOTTE COUNTY NEW CAR DEALERS ASSOCIATION, INC.

Principal Place of Business

1901 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address

1901 TAMiami TRAIL
PUNTA GORDA FL 33950



3. Date Incorporated or Qualified
06/19/1989

3e. Date of Last Report
10/12/1999

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARR, DAROL H.M.
2315 AARON STREET
PORT CHARLOTTE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DUNNAHOE, GERALD
STREET ADDRESS P. O. BOX 2544 N/A
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D ☐ DELETE
NAME MCHALE, JOHN JOSEPH
STREET ADDRESS P.O. BOX 512049
CITY-ST-ZIP PUNTA GORDA FL

TITLE VD ☐ DELETE
NAME GASGARTH, DON
STREET ADDRESS 3156 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE
NAME MCHALE, JOHN JOSEPH
STREET ADDRESS 23180 HARPER AVENUE
CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE D ☐ DELETE
NAME STEVE WESTPHAL
STREET ADDRESS 2021 S. TAMiami TRAIL
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 941-639-1434
Date Daytime Phone #

CR2E037 (12/95)