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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 2. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N32862

(7)

CHARLOTTE COUNTY NEW CAR DEALERS ASSOCIATION, IN

Principal Place	e of Business	Maili	ng Address					(100:1104 QUB 114)	. #1140 BY40	ilis Billet ili	All Albii Bibli 3		
1901 TAMIAMI TRAIL PUNTA GORDA FL 33950			1901 TAMIAMI TRAIL PUNTA GORDA FL 33950-5917										
FUNITA GONDA	LF 20270	1 0111	I OHIO MUNDA IE WWWZWII							T			
							3	 Date Incorporated or Qu 06/19/1989 	aimed	38. 0	ate of Last R 03/20/19	196	
2. Principal Pi	lace of Business	2a. Mailing Address					4	4. FEI Number				oplied For	
21	No. 1	26						NOT APPLICABLE				Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5	i. Certificate of Status Desi	ired			Additional equired	
City & State	9	City & State					- 6	Election Campaign Finar	ncina				
23		28	h '				~	Trust Fund Contribution	.o., ig			to Fees	
Zip	Country	Z	ip.	Countr			8	3. This corporation has liab				. 199.032,	
24	25	29		30	<u> </u>			Florida Statutes), Name and Address of i		Yes [
	9. Name and Address of Currer	it Hegiste	red Agent			81 Name	10), Name and Address of t	New Het	jistered	Agent		
MOUNTE	C LOUIS LOCEDII						RICE	HARD LIEWELLYN					
MCHALE, JOHN JOSEPH 1901 TAMIAMI TRAIL					į.	B2 Street	Address (P.O. Box Number is Not Acceptable) 1901 TAMIAMT TRATI.						
	MIAMI TRAIL GORDA FL 33950		83				1507	TAMILAMI TRALI	ــــــــــــــــــــــــــــــــــــــ				
PUNIA	GOUDY LF 22820				L		· · · · ·				· · · · · · · · · · · · · · · · · · ·		
	•				ļ!	B4 City	מעום	FA GORDA		FL		Code 1950	
11. Pursuant t	to the provisions of Section 617,950	2 and 617	.1508, Florida S	t tutes,	the ab	ove-named	corporati	ion submits this statement f	for the p	urpose o	f changing i	ts registered	
office or re	to the provisions of Sections 617,950 egistered agent, or both in Jen State in familiar with, and accept the Shig	Tof Florida ations of S	. Srich shande i Seitigh 517,050:	as auti	norized Ia Statu	by the corp ites.	poration's	board of directors. I hereb	у ассер	the app	ointment as	registered	
SIGNATURE _	Vilian O	lin			o Diaio			RICHARD LLE	MOTTS	יייר זע	26_07		
SIGNATURE _	Signature typed or printed name of transferred age	ent and title if a	applicable	OTE R	egistered	Agent signature	e required who	en reinslating)	MC414L1X	DATE	40=9/		
12.	OFFICERS AN	D DIRECT			13.			ADDITIONS/CHANGES TO	O OFFIC	ERS ANI			
TITLE	P		X DELETE		1.1 TITL	LE	P				Change	L. Addition	
NAME	DUNNAHOE, GERALD				1.2 NAM	ME		HARD LLEWELLYN					
STREET ADDRESS	P. O. BOX 2544 N/A				1.3 \$TR	REET ADDRESS	1)l TAMIAMI TRAI					
CITY - ST - ZIP	PT. CHARLOTTE FL		K DELETE			Y-ST-ZIP	PUN	TA GORDA, FL	3395	0	Change	Addition	
TITLE	D		K1 neces		21 TITE		D				TT change	ווטוווטטא נאָגן	
NAME	MCHALE, JOHN JOSEPH P.O. BOX 512049				22 NA)			IS FREELAND					
STREET ADDRESS	PUNTA GORDA FL					ieet address Ty-st-zip	431	8 TAMIAMI TRAI RLOTTE HARBOR,	.Ы. ЕТ.	3398	KO.		
CHTY-ST-7IP TITLE	VD		DELETE		3.1 TITL			AUDITE INTOON		3370	Change	X Addition	
NAME	GASGARTH, DON		_		3.2 NAJ		D GEO	RGE WERNER					
STREET ADDRESS	3156 TAMIAMI TRAIL				3.3 STR	REET ADDRESS		O S. TAMIAMI I	RAIL				
CITY-ST-ZiP	_	952				TY-ST-ZIP			3395				
TITLE	D		DELETE		4.1 TIT(LE	D				Change	Addition	
NAME	MCHALE, JOHN JOSEPH				4.2 NA	ME .	FRA	NK SHERIFF					
STREET ADDRESS	23180 HARPER AVENUE				4.3 STR	REET ADDRESS		2 TAMIAMI TRAI	L				
CITY-ST-ZIP	CHARLOTTE HARBOR FL				4.4 CIT	Y-ST-ZIP	POF		工 3	<u> 3953</u>	·		
TITLE	D		☐ DELETE		5.1 TITL	LE					☐ Change	Addition	
NAME	STEVE WESTPHAL				5.2 NA)	ME							
STREET ADDRESS	2021 S. TAMIAMI TRAIL	_			5.3 STR	REET ADDRESS	İ						
CITY-ST-ZIP	PUNTA GORDA FL 3395	J	DELETE			Y-ST-ZIP	 				Channe	Addito-	
TOTALE			DELETE	:	6.1 TITI			-			Change	Addition	
NAME				ĺ	6.2 NA								
STREET ADDRESS					i	REET ADDRESS	1						
CITY-ST-ZIP	by certify that the information supplie	d with this	filing does not	gualify f		Y-ST-ZIP exemption s	l stated in 9	Section 119 07(3Vi) Florida	Statute	s. furthe	r certify that	the	
informatio	by certify that the information supplies in indicated on this arinual report or the control of t	supplemer	ntal annual repor	rt is true	and a	ccurate and	that my	signature shall have the sa	me lega	l effect a	s if made un	nder oath; that	
appears	ifficer or director of the corporation of in Block 12 or Block 13 if changed, o	r on the	achorent with ar	n addra	ραιυφή βS. 🥄	ADCIDED THIS I	report as i	required by Chaplei 617, f	iunua 3	ratutta, t	induration and the	IIOIIIO	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

941-639-1155

FILED

Mar 05 1997 8:00am

Secretary of State

Daytime Phone # 0057559