

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49948

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: NORTHWEST FLORIDA TRACK CLUB, INC.

**Current Principal Place of Business:**

70 3RD AVE  
#24  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 911  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-3123885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARDOW, BONNIE  
46 LONGWOOD DRIVE  
SHALIMAR, FL 32579      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: PIAZZA, FILIPPO  
Address: 1 SHADY OAK LN  
City-St-Zip: SHALIMAR, FL 32579

Title: S ( ) Delete  
Name: WOLFE, CHERYL  
Address: 105 PINEDALE WAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete  
Name: MCMAHON, BRIAN  
Address: 2575 BARRON CT  
City-St-Zip: SHALIMAR, FL 32579

Title: V ( ) Delete  
Name: PIAZZA, PAULA  
Address: 1 SHADY OAK LN  
City-St-Zip: SHALIMAR, FL 32579

**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:

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: BRIAN MCMAHON

T

01/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date