


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90359 010 ****61.25

DOCUMENT # N51259 1. Entity Name GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.					
Principal Place of Business 3203 BAYSHORE BLVD THE STOWALL # 1002 TAMPA FL 33629 US			Mailing Address 3203 BAYSHORE BLVD THE STOWALL # 1002 TAMPA FL 33629 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3148462	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, JAMES D C/O LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON, FL 33433-9984				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEO, ALBERT		NAME	Douglas, William	
STREET ADDRESS	9400 US HWY 19 N.		STREET ADDRESS	2500 34th St. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP	St. Petersburg FL 33713	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, LARRY		NAME	D	
STREET ADDRESS	18911 US HWY 19 NORTH		STREET ADDRESS	STD	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	ELDER, ROBERT	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, GEORGE O		NAME	320 E Fletcher Ave	
STREET ADDRESS	3203 BAYSHORE BLVD. #1002		STREET ADDRESS	TAMPA FL 33612	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	D	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUELLER, RON		NAME	MAHER, MIKE	
STREET ADDRESS	13525 US HWY 19 NORTH		STREET ADDRESS	2901 34th St. N.	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	St. Petersburg FL 33713	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZARALBAN, RUSSELL M.		NAME	P	
STREET ADDRESS	21154 US HWY 19N		STREET ADDRESS	D	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Jimmy Snyder	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODGERS, KELLY		NAME	101 E. Fletcher Ave.	
STREET ADDRESS	11333 N. FLORIDA AVE.		STREET ADDRESS	Tampa FL 33612	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa FL 33612	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>George O. Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/06</u> Daytime Phone #: <u>813-837-1114</u>		