


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 042 ****61.25

DOCUMENT # N51259 1. Entity Name GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.					
Principal Place of Business 3203 BAYSHORE BLVD. THE STOVALL #1002 TAMPA, FL 33629 US			Mailing Address 3203 BAYSHORE BLVD. THE STOVALL #1002 TAMPA, FL 33629 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3148462	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	
				FL Zip Code	
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, 2008		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, WILLIAM		NAME		
STREET ADDRESS	2500 54TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHER, MIKE		NAME		
STREET ADDRESS	2901 34TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNYDER, JIMMY		NAME	Rodgers, Larry	
STREET ADDRESS	101 E FLETCHER AVE		STREET ADDRESS	18911 US Hwy 19 North	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUELLER, RON		NAME	Rivard, Roger	
STREET ADDRESS	13525 US HWY 19 NORTH		STREET ADDRESS	9740 Adamo Dr	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Tampa FL 33619	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZARALBAN, RUSSELL M.		NAME		
STREET ADDRESS	21154 US HWY 19N		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHIOTO, RALPH		NAME		
STREET ADDRESS	4400 N DALE MABRY HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
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 III</u> George O. Wilson III 4/20/08 813-837-1114					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					