

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 A
Secretary of State

DOCUMENT # N97000001235

1. Entity Name
**ALFA ROMEO OWNERS CLUB OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business
**1438 BEECHWOOD TR
FORT MYERS, FL 33919 US**

Mailing Address
**1438 BEECHWOOD TR
FORT MYERS, FL 33919 US**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUYNN, JAMES B JR
1438 BEECHWOOD TRAIL
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIMATTEO, PETER
STREET ADDRESS	5853 WILD FIG LN
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	D
NAME	BECHTOLD, ARMIN
STREET ADDRESS	1427 BARCELONA AVE
CITY-ST-ZIP	FORT MYERS, FL 33901

TITLE	D
NAME	GUYNN, JAMES
STREET ADDRESS	1438 BEECHWOOD TR
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	D
NAME	PAPPAS, ART
STREET ADDRESS	1613 FIG LANE
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	D
NAME	ROSSI, TOM
STREET ADDRESS	20506 LYNX CRT
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/07-80056-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

JAMES B. GUYNN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

239-267-8929
Daytime Phone #