

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

**DOCUMENT # N99000004346**

1. Entity Name  
**AMERICAN ZONING ASSOCIATION, INC.**



Principal Place of Business  
**311 NORTH 70 AVE.  
HOLLYWOOD, FL 33024**

Mailing Address  
**311 NORTH 70 AVE.  
HOLLYWOOD, FL 33024**

**FILED**

**07 MAY 18 PM 3:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0979057**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**OROSZ, LOUIS  
311 NORTH 70 AVE.  
HOLLYWOOD, FL 33024**

**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 \$61.25  
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	OROSZ, LOUIS
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	D
NAME	OROSZ, VIRGINIA
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	D
NAME	OROSZ, LISEL
STREET ADDRESS	311 N 70 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**400103907444**  
**06/05/07--01032--007 \*\*61.50**

**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:** *Virginia Orosz* **VIRGINIA OROSZ** *April 28, 2007* **954-966-9888**