

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979057	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

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, 2008

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	

U00000323240
05/18/08-80022-021 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:

Virginia Orosz

4/20/08

954-966-4880

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