

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029642

FILED
May 08, 2009
Secretary of State

Entity Name: NORTH AMERICAN TRAILER DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

6860 GULFPORT BLVD SOUTH
#116
SOUTH PASADENA, FL 33707

New Principal Place of Business:

5901 SUN BLVD STE
100A
ST PETERSBURG, FL 33715

Current Mailing Address:

6860 GULFPORT BLVD SOUTH
#116
SOUTH PASADENA, FL 33707

New Mailing Address:

5901 SUN BLVD STE
100A
ST PETERSBURG, FL 33715

FEI Number: 20-8613534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKERMAN, ANDREW B
2010 E. VINA DEL MAR BLVD
ST PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ACKERMAN, ANDREW B
Address: 2010 E VINA DEL MAR BLVD
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: VP () Delete
Name: RUBENSTIEN, AMY M
Address: 2010 E VINA DEL MAR BLVD
City-St-Zip: ST PETE BEACH, FL 33706

Title: SEC () Delete
Name: ACKERMAN, ANDREW B
Address: 2010 E VINA DEL MAR BLVD
City-St-Zip: ST PETE BEACH, FL 33706

Title: TREAS () Delete
Name: RUBENSTEIN, AMY R
Address: 2010 E VINA DEL MAR BLVD
City-St-Zip: ST PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW B ACKERMAN

PRES

05/08/2009

Electronic Signature of Signing Officer or Director

Date