

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703605

**Entity Name:** CENTRAL FLORIDA AUTO DEALERS ASSOCIATION, INC.

**Current Principal Place of Business:**

100 WELDON BLVD  
SANFORD, FL 32773

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**1154422339CC**

**Current Mailing Address:**

100 WELDON BLVD  
SANFORD, FL 32773 US

**FEI Number:** 59-1111836

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOX, RICHARD  
2822 REMINGTON GREEN CIR  
TALLAHASSEE, FL 32308 US

*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:** RICHARD SOX

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name CARDENAS, EVELYN M  
Address 100 WELDON BLVD  
City-State-Zip: SANFORD FL 32773

Title SECRETARY/ TREASURER  
Name PARKS, STEPHEN R  
Address 3505 N HWY 17-92  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name NAHAS, GEORGE E  
Address 4135 E. STATE ROAD 44  
City-State-Zip: WILDWOOD FL 34785-7426

Title DIRECTOR  
Name LALLY, RAJ  
Address 3883 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name MANTIONE, JOHN  
Address 350 S. LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title CHAIRWOMAN  
Name KOMINOWSKI, SHANNON  
Address 1150 NORTH ORLANDO AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title VC  
Name RITCHEY, JR., GLENN  
Address 901 N NOVA RD  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name MATOS, ERIC  
Address 12785 S ORANGE BLOSSOM TRAI  
City-State-Zip: ORLANDO FL 32837

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*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVELYN CARDENAS

**PRESIDENT/ CEO**

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MEALEY, JAY  
Address 9786 ORANGE BLOSSOM TRAI  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name KIRKLAND, JASON  
Address 9205 US HWY 441  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name MARINE, U.S.  
Address 8125 E COLONIAL DR  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name GANNAWAY, CHIP  
Address 2200 E BURLEIGH BLVD  
City-State-Zip: EUSTIS FL 32726