

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713775

**FILED  
Apr 30, 2015  
Secretary of State  
CC6890225198**

**Entity Name:** FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

2812 MUNRO STREET  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 7084  
TAMPA, FL 33673

**FEI Number: 59-1440713**

**Certificate of Status Desired: No**

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

TAMARGO, LISA  
2812 MUNRO STREET  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name HUTCHINS, DAVE  
Address 8021 W. GULF TO LAKE HIGHWAY  
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR, SECRETARY/TREASURER  
Name STRICKLER, JOE  
Address 435 6TH STREET SW  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name CASTELLANO, TOMMY  
Address 2206 N. ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name BAKER, BILL  
Address 164 SARASOTA CENTER BOULEVARD  
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR  
Name BOWERMEISTER, JAY  
Address 1644 NE 22ND AVENUE #E  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name DIBENEDETTO, ROCCO  
Address 29790 OLD DIXIE HIGHWAY  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR  
Name MILLER, ED  
Address 3401 SOUTHSIDE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name SHARKEY, KEVIN  
Address 7846 SW ELLIPSE WAY  
City-State-Zip: STUART FL 34997

**Continues on page 2**

*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: DAVE HUTCHINS**

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILKOS, ROBERT  
Address        1617 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405