

**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