

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713775

**Entity Name:** FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**3076490607CC****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, SECRETARY/TREASURER
Name	STRICKLER, JOE
Address	435 6TH STREET SW
City-State-Zip:	WINTER HAVEN FL 33880

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

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

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

Title	EXECUTIVE DIRECTOR
Name	TAMARGO, LISA
Address	PO BOX 7084
City-State-Zip:	TAMPA FL 33673

*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: TOMMY CASTELLANO****PRESIDENT****02/07/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date