

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713775

Entity Name: FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.**FILED**
Apr 07, 2016
Secretary of State
CC7278580169**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, BOARD MEMBER
Name CASTELLANO, TOMMY
Address 2206 N. ARMENIA AVENUE
City-State-Zip: TAMPA FL 33607

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

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

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

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

Title DIRECTOR, BOARD MEMBER
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****04/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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