

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

01-20-2005 90019 045 ****61.25

DOCUMENT # 712087

1. Entity Name

**THE FLORIDA EAST COAST TROWEL TRADES
CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business

**2000 NORTH FLORIDA MANGO ROAD
#106
WEST PALM BEACH FL 33409-6410**

Mailing Address

**2000 NORTH FLORIDA MANGO ROAD
#106
WEST PALM BEACH FL 33409-6443**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1171657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HESS, ARNOLD
101 FERN ST.
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **ANDERSEN, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)

3798 CITATION DR.

City

PALM BEACH GARDENS

FL

Zip Code
33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT ANDERSEN**

7-1-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **HESS, ARNOLD**
STREET ADDRESS **101 FERN ST.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **V** ☒ Delete
NAME **ANDERSEN, ROBERT**
STREET ADDRESS **3798 CITATION DR.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **DIAMOND, PERRY JR**
STREET ADDRESS **8798 CITATION DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☒ Delete
NAME **DIAMOND, PERRY SR**
STREET ADDRESS **1921 CARANDIS RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
NAME **HALL, GREG**
STREET ADDRESS **1750 N FL MANGO RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT
ANDERSEN, ROBERT**
STREET ADDRESS **3798 CITATION DR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☒ Change ☐ Addition
NAME **VP
DIAMOND, PERRY, SR.**
STREET ADDRESS **1921 CARANDIS DR.**
CITY-ST-ZIP **W. PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT ANDERSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Andersen

7-1-05

561-683-4876

Date

Daytime Phone #