## '2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 712087**

1. Entity Name

THE FLORIDA EAST COAST TROWEL TRADES CONTRACTORS ASSOCIATION, INC.



FILED Mar 25, 2008 8:00 am Secretary of State

03-25-2008 90011 046 \*\*\*\*61.25

CONTRACTORS ASSOCIATION, INC.												
Principal Plac	ce of Business		Mailing Address	Mailing Address								
2000 NORTH FLORIDA MANGO ROAD			2000 NORTH FLO	O ROAD								
#106 WEST PALM BEACH FL 33409-6410			#106 WEST PALM BEACH FL 33409-6443							HÍND OUR HU		
WESTTALK	W DEAOTT E	33403-0410	WEST FALIVIBLE	TOTT L 3340	7-0443							
2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address				1 1884) 1891	)			III <b>e</b> ( <b>8)  88)</b>	
1801 West 10th Street			1801 West 10th Street									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MC	OORE	CR2E037	(10/07)		
City & State			City & State				4. FEI Number			I Ar	plied For	
Riviera Beach, FL			Riviera Beach, FL				4. 12/10/100	59-117165	57	_ <del></del>	t Applicable	
Zip Country <b>USA</b>			Zip <b>33404</b>	intry SA	5. Certificate of Status Desired   \$8.75 Additional Fee Required							
	6. Name	Registered Agent				7. Name and Add	dress of New	Registered Ac	jent			
						Name Anderson, Robert						
	DERSON, I 8 CITATIC			Street Ac	Street Address (P.O. Box Number is Not Acceptable) <b>8798 Citation Drive</b>							
		I GARDENS FL 33	410	10			o Citation	DLTAG				
				City				FL	Zip Code 3341	e		
8 Transhows	a nameo entire	submits this statement to	r the numbers of obsess	ing its reciets:	ad office of		m Beach Ga					
	e names entry Rions of registe		rtile purpose oi chang	ing its registere	за описе ог	regisiere	ed agent, or both, ir	i ine State of r	iorida. Tamita	milia: wim,	and accept	
k.v.												
SIGNATURĖ												
**	' y.	or printed name of registered agent;	nio tre Tampicatio.	(NOTE: Registere	1 Agent siçinası	re rea ured	wnen romstating)	,	DATE			
	EU E NOW	FEE IS \$61.25	TWF.									
	on Campaign F Fund Contribut	٠,		\$5.00 May Be Added to Fees		ake Check ida Departr						
		May 1, 2008	i dentali. Profesiona				, 10000 10 1 000		iua Departi		state .	
10.	I.s.	OFFICERS AND DIF	RECTORS	11.			DDITIONS/CHANG	ES TO OFFIC	ERS AND DIRE	CTORS IN	10	
TITLE	DIAMOND,	DEDDY CD	Delete			P	. 15	4		<b>X</b> Change	Addition	
NAME STREET ADDRESS	1,004,0454			NAM OTRE	E Et address		dson, Chár					
CITY-ST-ZIP		M BEACH FL 33403			-ST-ZIP		P.O. Box 15469 West Palm Beach, FL 33416					
TATLE	VP		☐ Delak	TITLE		VP	ic raim bea	CHS FL		XI Change	Addition	
NAME	IZZARONE,			IVAM	£	Ha1	1, Greg		,			
STREET ADDRESS	221 EASY 9			1	ET ADORESS	180	l West 10t	h Stree	t			
CITY-ST-ZIP	<u> </u>	DE FL 34982		CITY	- ST- ZIP		iera Beach	, FL 3	3404			
TITLE	D	DEDDY'-ID	_ Delete	-=	·	_ <b>D</b>			1	Change	_ Addition	
NAME STREET ADDRESS	DIAMOND, 8798 CITAT			NAM STRE	ET ADDRESS		mond, Perr					
CITY-ST-ZIP		CH GARDENS FL		1	-ST-ZIP		9 Forsythe t Palm Bea		33405			
TITLE	D		☐ Delete	TITLE		STE		CH FH		Change	netibbA 🔲	
NAME	HALL, GRE	G		MANA	٤		erson, Rob	ert				
				1	ET ADDRESS		8 Citation					
CITY-ST-ZIP	WEST PALK	M BEACH FL 33409			-ST-ZIP		m Beach Ga		FL 3341	8		
TOTLE			☐ Delete		1			-		Change	ncilibbA 🔲	
NAME STREET ADDRESS				NAM Stre	ET ADDRESS							
CITY-ST-ZIP					-ST-ZP							
Totale			☐ Delete							Change	Addition	
NAME			Las 15100	NAM								
STREET ADDRESS				STRE	ET ACORESS							
CITY-ST-ZIP				CITY	-ST-ZiP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 of 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 the empowered.

SIGNATURE: