

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 024 ****70.00

DOCUMENT # 732830

1. Entity Name
ALUMINUM ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432

Mailing Address
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2027372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, PAUL
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	TD	<input checked="" type="checkbox"/> Delete
NAME	KOHLBERG, GLENN	
STREET ADDRESS	106-A CORPORATION WAY	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MARK	
STREET ADDRESS	1424 S MISSOURI AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, SCOTT	
STREET ADDRESS	6260 ARC WAY	
CITY-ST-ZIP	FT MYERS, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, RICHARD	
STREET ADDRESS	1634 NIEMEYER CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOBERLY, MIKE	
STREET ADDRESS	1731 S. SUNCOAST BLVD.	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCIGLIA, KEVIN	
STREET ADDRESS	6300 S TEX ST	
CITY-ST-ZIP	HOMOSASSA, FL 34448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL SAUNDERS	
STREET ADDRESS	1650 S. DIXIE HWY, STE 500	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Paul Saunders Date: 4/12/06 Daytime Phone #: 561/362-9019