

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90033 001 \*\*\*143.75

**66015675**



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2027372** Applied For ☐ Not Applicable ☐

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

**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 - No P.O. Box #  
**3165 McCrory Place**

3. Mailing Address  
**3165 McCrory Place**

Suite, Apt. #, etc.  
**Suite 185**

Suite, Apt. #, etc.  
**Suite 185**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32803**

Country

Zip  
**32803**

Country

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  
**Wanda Classe**

Street Address (P.O. Box Number is Not Acceptable)  
**3165 McCrory Place Suite 185**

City  
**Orlando**

City  
**Orlando** **FL** Zip Code  
**32803**

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 Wanda Classe WANDA CLASSE 4-25-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MD<br>SAUNDERS, PAUL<br>1650 S. DIXIE HWY., STE 500<br>BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Wanda Classe<br>3165 McCrory Place, Suite 185<br>Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MOORE, RICHARD<br>1634 NIEMEYER CIRCLE<br>PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MOBERLY, MIKE<br>1731 S. SUNCOAST BLVD.<br>HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>David Johns<br>605 Taft-Vineland Road<br>Orlando, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SCIGLIA, KEVIN<br>6300 S TEX ST<br>HOMOSASSA, FL 34448 <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Wanda Classe 7-14-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #