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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005577 (9)**

1. Corporation Name

**NATIONAL SASH & DOOR JOBBERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

**10225 ROBERT TRENT JONES PKWY.  
NEW PORT RICHEY FL 34655**

**10225 ROBERT TRENT JONES PKWY.  
NEW PORT RICHEY FL 34655**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified

**10/28/1996**

4. FEI Number

**62-0366120**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	<b>D/T</b>
NAME	<b>LAVITT, SANFORD</b>	1.2 NAME	
STREET ADDRESS	<b>330 SO. SERVICE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELVILLE NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DC</b>	2.1 TITLE	<b>D/C</b>
NAME	<b>KOSTUSIK, ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>14320 W 89TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENEXA KA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DC</b>	3.1 TITLE	<b>D</b>
NAME	<b>RADFORD, PETER</b>	3.2 NAME	
STREET ADDRESS	<b>1871 STILLMAN DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSHKOSH WI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b>	4.1 TITLE	<b>D/P</b>
NAME	<b>DESIMONE, JOHN</b>	4.2 NAME	<b>O'Keefe, Robert T.</b>
STREET ADDRESS	<b>60 HILLTOP ST.</b>	4.3 STREET ADDRESS	<b>10225 Robert Trent Jones Parkway</b>
CITY-ST-ZIP	<b>DORCHESTER MA 02124</b>	4.4 CITY-ST-ZIP	<b>New Port Richey, FL 34655</b>
TITLE	<b>DC</b>	5.1 TITLE	
NAME	<b>SPRINGER, VICTOR</b>	5.2 NAME	
STREET ADDRESS	<b>1700 DOWNS DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST CHICAGO IL 60185</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<b>D</b>
NAME		6.2 NAME	<b>Bromberg, Wally</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2201 29th Ave, No.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Birmingham, AL 35207</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert T. O'Keefe*

*Robert T. O'Keefe*

*3-4-98 / 813-372-3665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/97)