

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009181

FILED
Jan 24, 2007
Secretary of State

Entity Name: FLORIDA ROOF DECK ASSOCIATION, INC.

Current Principal Place of Business:

4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 54-2084307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, DEBORAH E
4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BATES, MARK
Address: 3148 US HWY 70 W
City-St-Zip: BLACK MOUNTAIN, NC 28711

Title: P () Delete
Name: BEHRENDT, WALLY
Address: 6251 44TH ST, N #1921
City-St-Zip: PINELLAS PARK, FL 32665

Title: PP () Delete
Name: POE, KEN
Address: 1005 ORIENTA AVENUE, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TREA () Delete
Name: HARRIS, SCOTT
Address: 1005 ORIENTA AVENUE, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: VERMILLION, RON
Address: 2176 SARGENT DALY
City-St-Zip: CHATTANOOGA, TN 37421

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED () Change (X) Addition
Name: LAWSON, DEBORAH E
Address: 4125 PECAN BRANCH ROAD
City-St-Zip: TALLAHASSEE, FL 323095558

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH E. LAWSON

ED

01/24/2007

Electronic Signature of Signing Officer or Director

Date