

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009181

FILED  
Feb 19, 2009  
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: P ( ) Delete  
Name: BATES, MARK  
Address: 3148 US HWY 70 W  
City-St-Zip: BLACK MOUNTAIN, NC 28711

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

Title: SEC ( ) Delete  
Name: FOGEL, MIKE  
Address: 4430 N.E.8TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33334

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK BATES

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date