

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90069 021 ****70.00

DOCUMENT # N20043

1. Entity Name
**ALUMINUM ASSOCIATION OF FLORIDA, NORTHEAST
FLORIDA CHAPTER, INC.**



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

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

20008006



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2785174

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUNDERS, PAUL
1650 S DIXIE HWY.
STE. 500
BOCA RATON, FL 33432**

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

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, 2007**

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 **VD** ☒ Delete
NAME **NORTON, SCOTT**
STREET ADDRESS **1502 CESERY TERR**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **VD** ☐ Delete
NAME **MILLER, DAVID**
STREET ADDRESS **8270 M COLEE COVE RD**
CITY-ST-ZIP **ST AUGUSTINE, FL**

TITLE **STD** ☐ Delete
NAME **MCCLANAHAN, JR LACY**
STREET ADDRESS **219 BRICKYARD RD**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **PD** ☐ Delete
NAME **BRIAR, JEFF**
STREET ADDRESS **5521 CHRONICLE COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **M** ☐ Delete
NAME **SAUNDERS, PAUL**
STREET ADDRESS **1650 S DIXIE HWY., STE 500**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 E. Saunders - PAUL SAUNDERS* **3/15/07 (561) 362-9019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #