

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90048 001 ***741.25

DOCUMENT # N23913

1. Entity Name
ALUMINUM ASSOCIATION OF FLORIDA,
MANATEE-SARASOTA CHAPTER, INC.



Principal Place of Business
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US

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

66010916



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

Country

Zip

Country

01242008

Chg-NP

CR2E037 (12/06)

4. FEI Number

58-7360060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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

TITLE **VD** ☐ Delete
NAME **SYLVESTER, KEITH**
STREET ADDRESS **1101 67TH AVE TER W**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE **MD** ☒ Delete
NAME **SAUNDERS, PAUL**
STREET ADDRESS **1650 S DIXIE HIGHWAY, SUITE 500**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **PD** ☐ Delete
NAME **MEYER, JOHN**
STREET ADDRESS **1575 CATTLEMAN RD., #UNIT-2**
CITY-ST-ZIP **SARASOTA, FL 342326259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
NAME **Wanda Classe**
STREET ADDRESS **3165 McCrory Place, Suite 185**
CITY-ST-ZIP **Orlando, FL 32803**

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

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

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

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:

Wanda Classe

Wanda Classe

4-25-08

407-898-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #