


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-19-2008 90048 001 \*\*\*741.25

<b>DOCUMENT #N29858</b> 1. Entity Name <b>ALUMINUM ASSOCIATION OF FLORIDA, NORTH CENTRAL FLORIDA CHAPTER, INC.</b>					
Principal Place of Business <b>1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432 US</b>			Mailing Address <b>1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3165 McCrory Place</b>		3. Mailing Address <b>3165 McCrory Place</b>			
Suite, Apt. #, etc. <b>Suite 185</b>		Suite, Apt. #, etc. <b>Suite 185</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32803</b>	Country	Zip <b>32803</b>	Country	4. FEI Number <b>59-2912064</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAUNDERS, PAUL 1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Wanda Classe</b> Street Address (P.O. Box Number is Not Acceptable) <b>3165 McCrory Place</b> Suite 185 City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>		
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 <u>Wanda Classe</u> <b>Wanda Classe</b> <span style="float: right;">4-25-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMBERG, CARL RT 2, BOX 4045 US 27 NW FORT WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAUNDERS, PAUL 1650 S DIXIE HWY SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, DONALD P.O. BOX 16165 GAINESVILLE, FL 32604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Wanda Classe</u> Wanda Classe 4-25-08 407-898-8287</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					