

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90020 010 ****61.25

0013949

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35468

1. Corporation Name

ARCHITECTURAL MANUFACTURERS ASSOCIATION OF FLORIDA, INCORPORATED

Principal Place of Business

3801 W. LAKE MARY BLVD.
 SUITE 119
 LAKE MARY FL 32746
 US

Mailing Address

3801 W. LAKE MARY BLVD.
 SUITE 119
 LAKE MARY FL 32746
 US



2. Principal Place of Business

21 **1194 AZORA Dr.**

Suite, Apt. #, etc.

22 **STE 10**

City & State

23 **DeLTONA FL.**

Zip

24 **32725**

Country

25 **USA**

2a. Mailing Address

26 **1194 AZORA Dr.**

Suite, Apt. #, etc.

27 **STE 10**

City & State

28 **DeLTONA FL.**

Zip

29 **32725**

Country

30 **USA**

3. Date Incorporated or Qualified

11/29/1989

4. FEI Number

59-2972885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STROPOLI, MICHELE
SOUTHERN ASSOCIATION MGMT, INC.
116 W. GREENTREE LANE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

Dennis K. Brady

82 Street Address (P.O. Box Number is Not Acceptable)

1194 AZORA Dr. Suite 10

83

84 City

DeLTONA

FL

85 Zip Code

32725

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dennis K. Brady

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-99

12. OFFICERS AND DIRECTORS

T ☒ DELETE

NAME **KAH, RANDY**
 STREET ADDRESS **3736 E. HILLSBROUGH AVENUE**
 CITY-ST-ZIP **TAMPA FL 33610**

VP ☒ DELETE

NAME **BRAATZ, BOB**
 STREET ADDRESS **3801 W. LAKE MARY BLVD., SUITE 119**
 CITY-ST-ZIP **LAKE MARY FL 32746**

S ☐ DELETE

NAME **KOSHEFSKY, BOB**
 STREET ADDRESS **3801 W. LAKE MARY BLVD., SUITE 119**
 CITY-ST-ZIP **LAKE MARY FL 32746**

T ☐ DELETE

NAME **BRADLEY, RICHARD**
 STREET ADDRESS **3801 W. LAKE MARY BLVD., SUITE 119**
 CITY-ST-ZIP **LAKE MARY FL 32746**

D ☒ DELETE

NAME **STROPOLI, MICHELE**
 STREET ADDRESS **116 W. GREENTREE LANE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Bob Braatz**
 1.3 STREET ADDRESS **1194 AZORA Dr Suite 10**
 1.4 CITY-ST-ZIP **DeLTONA FL 32725**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **John Luscombe**
 2.3 STREET ADDRESS **1194 AZORA Dr. Suite 10**
 2.4 CITY-ST-ZIP **DeLTONA FL 32725**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **Bob Koshefsky**
 3.3 STREET ADDRESS **1194 AZORA Dr. Suite 10**
 3.4 CITY-ST-ZIP **DeLTONA FL 32725**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **Richard Bradley**
 4.3 STREET ADDRESS **1194 AZORA Dr. Suite 10**
 4.4 CITY-ST-ZIP **DeLTONA FL 32725**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **Dennis K. Brady**
 5.3 STREET ADDRESS **1194 AZORA Dr. Suite 10**
 5.4 CITY-ST-ZIP **DeLTONA FL 32725**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-27-99 352-6287303

CR2E037 (11/98)