

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 # N94000002171

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



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

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

66010918



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
32803

Country

Zip
32803

Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0487314

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

32903

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

4-25-2008

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 PD ☐ Delete
NAME CUTRER, LORRI
STREET ADDRESS 611 NE 12TH STREET
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE PD ☐ Delete
NAME MANSOUR, BOB
STREET ADDRESS 2100 W 76TH ST
CITY-ST-ZIP HIALEAH, FL 33016

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

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 ☐ 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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2008 407-898-8287

Date

Daytime Phone #