

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90385 016 ****70.00

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



Principal Place of Business
**1650 S DIXIE HWY
STE 500
BOCA RATON, FL 33432 US**

Mailing Address
**1650 S DIXIE HWY
STE 500
BOCA RATON, FL 33432 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3573633

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MILLIGAN, JOHN
2614 LAFAYETTE STREET
FT. MYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHARLES, MARK
PO BOX 1648
LEHIGH ACRES, FL 33970** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LOWNDES, JAMES
PO BOX 7331
FT. MEYERS, FL 33911** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYERS, SCOTT
7076 OVERLOOK DR
FORT MYERS, FL 33913** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARPENTER, RON
502-A SOUTH RD
FORT MYERS, FL 33907** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VO
JACK PROSSER
5811 Halifax Ave
FT MYRS, FL 33912** ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Saunders
4/12/06

561/362-9019