

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90261 035 ****70.00

DOCUMENT # N97000005218

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



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

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

54036216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0784835

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUNDERS, PALL
1650 S DIXIE HWY
STE 500
BOCA RATON, FL 33432**

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BROWN, BRIAN
102 SOUTH F STREET
LAKE WORTH, FL 33460 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
SAUNDERS, PALL
1650 S DIXIE HWY STE 500
BOCA RATON, FL 33432 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SMITH, JAMES
1311 COMMERCE LANE # 7
JUPITER, FL 33458 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SANSINI, MICHAEL
8451 MCALLISTER WAY
WEST PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SONSINI, MICHAEL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARDEN, CHARLES
3585 BOUTWELL ROAD #1
LAKE WORTH, FL 33440 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MILLER, GREG
350 C TALL PINES BLVD
WEST PALM BEACH, FL 33413 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 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:

Paul Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SAUNDERS

4-14-04

Date

(561) 362-9019

Daytime Phone #