

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90069 020 \*\*\*\*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**

**20008007**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

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, 2007**

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

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

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

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

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **STEPHEN RASKIN**  
STREET ADDRESS **1143 GATEWAY BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **ADAM PAZZAGLIA**  
STREET ADDRESS **2755 HILLSBORO RD.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **PD** ☐ Delete  
NAME **MILLER, GREG**  
STREET ADDRESS **350 C TALL PINES BLVD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

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

TITLE **S** ☒ Delete  
NAME **BARDEN, CHARLES**  
STREET ADDRESS **1143 GATEWAY BLVD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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:** *Paul Saunders* - **PAUL SAUNDERS** **3/15/07** **(561)362-9019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #