

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90048 001 \*\*\*741.25

<b>DOCUMENT # N97000005218</b>					
<b>1. Entity Name</b> ALUMINUM ASSOCIATION OF FLORIDA PALM BEACH CHAPTER, INC.					
<b>Principal Place of Business</b> 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432			<b>Mailing Address</b> 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432		
<b>2. Principal Place of Business - No P.O. Box #</b> 3165 McCrory Place		<b>3. Mailing Address</b> 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)	
<b>4. FEI Number</b> 65-0784835				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SAUNDERS, PALL 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432			<b>7. Name and Address of New Registered Agent</b> Name: Wanda Classe Street Address (P.O. Box Number is Not Acceptable): 3165 McCrory Place, Suite 185 City: Orlando    FL    Zip Code: 32803		
<b>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.</b>					
SIGNATURE: <u>Wanda Classe</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Wanda Classe		4-25-08 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, BRIAN 102 SOUTH F STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAUNDERS, PALL 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wanda Classe 3165 McCrory Place, Suite 185 Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RASKIN, STEPHEN 1143 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZZAGLIA, ADAM 2455 HILLSBORO RD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GREG 350 C TALL PINES BLVD WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Wanda Classe</u>		Wanda Classe		4-25-08    407-898-8287	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	