

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006230

1. Entity Name
THE RINKER COMPANIES FOUNDATION, INC.



Principal Place of Business
**1501 BELVEDERE ROAD
WEST PALM BEACH, FL 33406**

Mailing Address
**1501 BELVEDERE ROAD
WEST PALM BEACH, FL 33406**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6139266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARONTINI, JIM
1501 BELVEDERE ROAD
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, DAVID V
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	TD
NAME	FIALKOW, IRA
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	PD
NAME	BARONTINI, JIM
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VD
NAME	BURMEISTER, THOMAS G
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	GAGE, DUNCAN
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	S
NAME	EGAN, MIKE F
STREET ADDRESS	1501 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

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02/13/07-80002-009 61.25

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IN THIS SPACE**

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: Jim Barontini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 561-833-5555
Date Daytime Phone #