

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739311

Entity Name: FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC.**FILED**
Feb 05, 2016
Secretary of State
CC1205519492**Current Principal Place of Business:**2555 PORTER LAKE DR
SUITE 106
SARASOTA, FL 34240**Current Mailing Address:**2555 PORTER LAKE DR
SUITE 106
SARASOTA, FL 34240 US**FEI Number:** 59-2022792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARKER, WENDY E
2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US*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.***SIGNATURE:** WENDY E PARKER

02/05/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WILSON, REED
Address 2213 ANDREA LANE, #108
City-State-Zip: FORT MYERS FL 33912

Title 1ST VICE PRESIDENT, DIRECTOR
Name ALTIER, PATRICK
Address 202 SW 33RD AVE
UNIT C
City-State-Zip: OCALA FL 34474

Title IMMEDIATE PAST PRESIDENT,
DIRECTOR
Name WALLACE, WAYNE
Address 10840 ENDEAVOUR WAY
City-State-Zip: LARGO FL 33777

Title SECRETARY, TREASURER,
DIRECTOR
Name EGGLEFIELD, SCOTT
Address P.O. BOX 1605
City-State-Zip: NOKOMIS FL 34274

Title ED
Name PARKER, WENDY E
Address 2555 PORTER LAKE DR
SUITE 106
City-State-Zip: SARASOTA FL 34240

Title 2ND VICE PRESIDENT, DIRECTOR
Name MILLAR, TROY S
Address 1423 GUNN HIGHWAY
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name EYAL, OMER "REMO"
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name HARRIMAN, TOM
Address 140 JAMES STREET
City-State-Zip: VENICE FL 34285

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WENDY E PARKER

ED

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GALLAGHER, BILL
Address 1523 RIDGEWOOD AVENUE
City-State-Zip: HOLLY HILL FL 32117

Title DIRECTOR
Name ZRALLACK, BOB
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MAINGOT, CHRIS
Address 1010 BUNNELL RD
 SUITE 1100
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name GARRETT, MIKE
Address 4509 NW 23RD LANE
 SUITE 20
City-State-Zip: GAINESVILLE FL 32601