

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001200

**Entity Name:** ROOFING CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC7356945625****Current Principal Place of Business:**1400 POLK ST  
HOLLYWOOD, FL 33020**Current Mailing Address:**P.O. BOX 813578  
HOLLYWOOD, FL 33081 US**FEI Number: 01-0608944****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCLAUGHLIN, GREGORY AESQ.  
C/O TRIPP SCOTT, P.A.  
110 S.E. 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	CRONJE, MICK
Address	559 WEST MOWRY STREET
City-State-Zip:	HOMESTEAD FL 33030

Title	VP
Name	DAN, KENNEDY
Address	3440 NW 25TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	TREASURER
Name	FOOTE, ROB
Address	1314 E. ATLANTIC BLVD.
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	BOGERT, RYAN
Address	47 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	VALDES, MIRTA
Address	5530 NW 32ND COURT
City-State-Zip:	MIAMI FL 33142

Title	EXECUTIVE SECRETARY
Name	WENDY, HARVEST
Address	1400 POLK ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	PRESIDENT
Name	CHASE, JOHN
Address	12277 SW 55 ST #908
City-State-Zip:	COOPER CITY FL 33330

Title	DIRECTOR
Name	CLEARY, KATHERINE
Address	1017 N "H" ST
City-State-Zip:	LAKE WORTH FL 33460

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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 HARVEST****EXECUTIVE DIRECTOR****03/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                SOUZA, PAULO  
Address             792 NE 45TH ST.  
City-State-Zip:    OAKLAND PARK FL 33334

Title                 VP  
Name                JENSEN, BRANDON  
Address             11471 NW 34TH ST  
City-State-Zip:    DORAL FL 33178