

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 024 ****61.25

DOCUMENT # 706282

1. Entity Name
SKY HARBOUR EAST, INC.

Principal Place of Business: **2100 SOUTH OCEAN DRIVE FORT LAUDERDALE FL 33316**
 Mailing Address: **2100 SOUTH OCEAN DRIVE FORT LAUDERDALE FL 33316**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1030455** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF PA
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name: **Angela M Landry**
 Street Address (P.O. Box Number is Not Acceptable): **2100 South Ocean Dr, Unit 907**
 City: **Fort Lauderdale** FL Zip Code: **33316**

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: Angela M Landry DATE: March 12, 2004

Signature, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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: PD NAME: LANDRY, ANGELA STREET ADDRESS: 2100 SOUTH OCEAN DR # 907 CITY-ST-ZIP: FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE: V/D NAME: Tony Fortino STREET ADDRESS: 2100 South Ocean Dr 12F CITY-ST-ZIP: Fort Lauderdale FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: HANNA, MARY STREET ADDRESS: 2100 SOUTH OCEAN DR 7CD CITY-ST-ZIP: FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Mary Hanna STREET ADDRESS: 2100 South Ocean Dr 7CD CITY-ST-ZIP: Fort Lauderdale FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SDTD NAME: LANDRY, ANGELA STREET ADDRESS: 2100 SOUTH OCEAN DR 8F CITY-ST-ZIP: FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete	TITLE: S/D NAME: Russell Weaver STREET ADDRESS: 2100 South Ocean Dr 16H CITY-ST-ZIP: Fort Lauderdale FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MARTY, RAYMOND MD STREET ADDRESS: 2100 SOUTH OCEAN DR 16G CITY-ST-ZIP: FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE: T/D NAME: Brian Hero STREET ADDRESS: 2100 South Ocean Dr 4B CITY-ST-ZIP: Fort Lauderdale FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: NEUBEISER, NICOLE STREET ADDRESS: 2100 SOUTH OCEAN DR 10 K CITY-ST-ZIP: FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Gail Struve STREET ADDRESS: 2100 South Ocean Dr 11G CITY-ST-ZIP: Fort Lauderdale FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LAWLESS, SALLEY STREET ADDRESS: 2100 SOUTH OCEAN DR 11G CITY-ST-ZIP: FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Angela M Landry, President Date: 3/10/04 Daytime Phone #: 954-522-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR