

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2005 90009 043 ****61.25
706282

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1030455	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDRY, ANGELA M 2100 SOUTH OCEAN DR UNIT 907 FORT LAUDERDALE FL 33316			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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: <u>Angela M Landry</u>			President		3-17-05
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when re-issuing)		DATE
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRY, ANGELA		NAME	Sally Lawless	
STREET ADDRESS	2100 SOUTH OCEAN DR #907		STREET ADDRESS	2100 South ocean Dr 5m	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP	Ft Lauderdale FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNA, MARY		NAME	Gail Spruce	
STREET ADDRESS	2100 SOUTH OCEAN DR 7CD		STREET ADDRESS	2100 South ocean Dr 114	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	Ft Lauderdale FL 33316	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTINO, TONY		NAME		
STREET ADDRESS	2100 SOUTH OCEAN DR 12F		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTY, RAYMOND MD		NAME		
STREET ADDRESS	2100 SOUTH OCEAN DR 16G		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, RUSSELL		NAME		
STREET ADDRESS	2100 SOUTH OCEAN DR 16 H		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERO, BRIAN		NAME		
STREET ADDRESS	2100 SOUTH OCEAN DR 4B		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
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: <u>A.M. Landry</u>			A.M. LANDRY		March 17, 05 954 522-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date