


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 044 \*\*\*\*61.25

**DOCUMENT # 706282**  
 1. Entity Name  
**SKY HARBOUR EAST, INC.**



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

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

City & State      City & State

Zip      Country      Zip      Country

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

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

6. Name and Address of Current Registered Agent  
**LANDRY, ANGELA M**  
**2100 SOUTH OCEAN DR**  
**UNIT 90**  
**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name: **R. Edwin Redfern**  
 Street Address (P.O. Box Number is Not Acceptable): **2100 South Ocean Dr**  
**Apartment 4L**  
 City: **Fort Lauderdale**      State: **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: *Eo Redfern*      DATE: **4.11.2006**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRY, ANGELA		NAME	R. Edwin Redfern	
STREET ADDRESS	2100 SOUTH OCEAN DR 9G		STREET ADDRESS	2100 South Ocean Dr 4L	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP	Fort Lauderdale FL 33316	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWLESS, SALLY		NAME	Susan Landon	
STREET ADDRESS	2100 SOUTH OCEAN DR 5M		STREET ADDRESS	2100 South Ocean Dr, 6K	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP	Fort Lauderdale FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTINO, TONY		NAME	Russell Weaver	
STREET ADDRESS	2100 SOUTH OCEAN DR 12F		STREET ADDRESS	2100 South Ocean Dr, 16H	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	Fort Lauderdale FL 33316	
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	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		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUVE, GAIL		NAME		
STREET ADDRESS	2100 SOUTH OCEAN DR 11G		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eo Redfern*      DATE: **4.11.2006**      **954-522-2801**