

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **749425 (5)**  
1. Corporation Name  
**WELLINGTON AERO CLUB PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**15075 TAKE OFF PLACE 12765 W. Forest Hill WELLINGTON FL 33414 #1302 US**

Mailing Address  
**15075 TAKE OFF PLACE WELLINGTON FL 33414 US**

3. Date Incorporated or Qualified **10/22/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **12765 W. Forest Hill** 26 Mailing Address  
Suite, Apt. #, etc. 22 **Suite 1302** 27 Suite, Apt. #, etc.  
City & State 23 **Wellington FL** 28 City & State  
Zip 24 **33414** 25 Country **USA** 29 Zip 30 Country

*SAME AS PLACE OF BUSINESS*

4. FEI Number **59-1951800** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GELFAND, MICHAEL J ESO  
GELFAND & ARPE, P.A., ONE CLEARLAKE CENTRE  
SUITE 1010, 250 SOUTH AUSTRALIAN AVENUE  
WEST PAKM BEACH FL 33401-5012**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD FORD, SCOTT 15575 SUNWARD ST. WELLINGTON FL</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TREASURER/DIR RICIARD ARPE 9185 WINDSOCK WAY WELLINGTON FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SP HEADBERG, JIM 15310 TAKE OFF PLACE WELLINGTON FL</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>WALTER ZAKOWSKI V. PRESIDENT/DIR 15820 SUNWARD STREET WELLINGTON, FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD THOMPSON, GLEN 2000 GREENBRIER BLVD. WELLINGTON FL</del> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>→ NOW PRESIDENT AND DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VDP HAMMON, NED 15780 SUNWARD ST. WELLINGTON FL</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SECRETARY/DIR CARLOS TABERNILLA 2940 GREENBRIER BLVD WELLINGTON, FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D STEELE, PETER 8872 N.W. 56TH ST. CORAL SPRINGS FL</del> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Glen M. Rankin** PRES Date: **4-15-96** Daytime Phone #: **793-6601**

CR2E037 (12/95)