2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90463 022 ****61.25

DOCUMENT # N02014

1. Entity Name
CONDORS R/C FLYING CLUB, INC.

24073965

Principal Place of Business	Mailing Address
P O BOX 8891 CORAL SPRINGS, FL 33065-0643	P O BOX 8891 CORAL SPRINGS, FL 33065-0643

04262004 Chg-NP CR2E037 (10/03)

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
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ROBERT B
10305 NW 40TH COURT
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name ALAN WERKSMAN
Street Address (P.O. Box Number is Not Acceptable) 160 SW 12TH AVE STE 101-B
City DEERFIELD BEACH FL Zip Code 33442

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 _____ 4-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D YABLIN, DAVID 6931 NW 62 TERRACE PARKLAND, FL 33067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, GARY 22383 MARTELLA AVE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, DAN 19559 DHLANDAR CIR BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, DAN 19559 DELEWARE CIR BOCA RATON, FL 33434	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANKA, LARRY 5205 NW 54TH ST COCONUT CREEK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ACUTI, ALEX 8204 SW 11TH CT N LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INORIAN, LEE 833 NE 58 CT FORT LAUDERDALE, FL 33337	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREW, LEE 833 NE 58 CT FORT LAUDERDALE, FL 33337	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEST, ED 7909 NW 73 TERR TAMARI, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WERKSMAN, ALAN 160 SW 12TH AVE, SUITE 101-B DEERFIELD BEACH, FL 33442	☒ 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: _____ 4-21-04 954 428-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #