## **2006 NOT-FOR-PROFIT CORPORATION**

## FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90414 027 \*\*\*\*61.25 **ANNUAL REPORT**

DOCUMENT # N0400005653



Mailing Address   Surface of Businesss   Surface   Sur	1. Entity Name CHARLOTTE COUNTY AIRPARK HANGARS BUILDING C CONDOMINIUM ASSOCIATION, INC.										
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   C2012006   Chg.NP   CR2E037 (11/05)	3073 HORSESHOE DR - STE 118			3073 HORSESHOE DR - STE 118					500087	74	
City & State  Country  Count	2. Principal Place of Business			3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Foe Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Sireat 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 agent, or both, in the State of Florida. I am familier with, and ecceptable of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent, or both, in the State of Florida. I am familier with, and eccept the obligations of registered agent.  Filling Fee is 881.25  Filling Fee is 881	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012006 Chg-NP CR2E037 (11/05)				
Signature   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Re	City & State			City & State			4. FEI Number	er 51-05	541775 A		
ANDERSON, RAY 3073 HORSESHOE DR - STE 118 NAPLES, FL 34104  8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signart, typed or percent name of imparated spent and life if applicable.   (NOTE Registered Agent spranze required when remissions)   Date	Zip	Zip Country		Zip	Zip Cou		untry	5. Certificate of St	atus Desired	□ \$8.75 Ad	ditional
ANDERSON, RAY 3073 HORSESHOE DR - STE 118  NAPLES, FL 34104  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    Sureaur, speed or priced name of imparted appent and life 4 acceluable.   (MOTE Registered Agent soverus required when neutatory)   DATE    Filing Fee Is \$81.25		6. Name	and Address of Current R	Registered	Agent			7. Name and Add	ress of New Re	gistered Agent	
SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)	ANDERSO	N RAY					Name	ime			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed named finegrated spent and title 4 spoketable.   (NOTE: Registered Apent and sprature required when remetating)   DATE	3073 HORSESHOE DR - STE 118				Street Address (			s (P.O. Box Number is I	Not Acceptable)		
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    Signature, hyded or protect name of registered agent and site of acceptable.   (NOTE-Registered Agent signature required when remaining)   DATE	·		•		City					Zin Coo	
SIGNATURE    Signature, typod or printed name of registered agent and site if accidable.   (NOTE: Registered Agent stroture required when reinstarry)   DATE						City					
Due by May 1, 2006   Trust Fund Contribution.   Added to Fees   Florida Department of State	-			nd title if applic	able. (NOTI	E: Registere	d Agent signature requir	red when reinstating)		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	•				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 approach 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #