

FILE NOW: FILING FEE IS \$61.25

FILED

**May 08 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31387 (6)
 1. Corporation Name
AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 18607 MACH ONE DRIVE FT. PIERCE FL 34988 US	Mailing Address C/O LOUIS CICALSE 18607 MACH ONE DRIVE FT. PIERCE FL 34988-3234 US
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3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last Report 02/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number 65-012437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CICALSE, LOUIS
C/O AERO ACRES POA, INC
18607 MACH ONE DRIVE
FT. PIERCE FL 34988**

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME HELSETH, CRAIG	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 18602 MACH ONE DRIVE	CITY-ST-ZIP FT. PIERCE FL		
TITLE D	NAME OWEN, VERWAYNE L	<input type="checkbox"/> DELETE	
STREET ADDRESS 18506 MACH ONE DR	CITY-ST-ZIP FORT PIERCE FL		
TITLE PD	NAME CICALSE, LOUIS	<input type="checkbox"/> DELETE	
STREET ADDRESS 18605 MACH ONE DRIVE	CITY-ST-ZIP FT. PIERCE FL		
	<i>18505 Kitty Hawk Ct.</i>		

1.1 TITLE D	1.2 NAME Charles Gray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS 18701 Mach One Dr.	1.4 CITY-ST-ZIP Port St. Lucie, FL 34988	
2.1 TITLE D	2.2 NAME Ronald Wenzel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS 18705 Mach One Dr	2.4 CITY-ST-ZIP Fort Pierce, FL 34988	
3.1 TITLE D	3.2 NAME Arthur Pearl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS 18505 Mach One Dr.	3.4 CITY-ST-ZIP Fort Pierce, FL 34988	

14. I do 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 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: _____ **REQUIRED** _____ **4/23/97**

CR2E037 (9/96)