


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90111 044 ****61.25

DOCUMENT # N31387					
1. Entity Name AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 349883234 PORT ST. LUCIE, FL 34987 US			Mailing Address 18607 MACH ONE DRIVE PORT ST. LUCIE, FL 34987 US		
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 65-0142437	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORNETT, JANE CORNETT, GOOGE & ASSOCIATES, PA 401 SE OSCEOLA STREET STUART, FL 34994			Name		
			Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, DIANE L		NAME	BENVENGA, LAUREL	
STREET ADDRESS	18502 MACH ONE DRIVE		STREET ADDRESS	18601 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	PORT ST LUCIE, FL 34987	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURSON, BETTIE		NAME	OWEN, Bertha	
STREET ADDRESS	18602 KITTY HAWK COURT		STREET ADDRESS	18506 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	PORT ST LUCIE, FL 34987	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOINS, JEFF		NAME	AZIERE, Richard	
STREET ADDRESS	18600 KITTY HAWK COURT		STREET ADDRESS	18605 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	PORT ST LUCIE, FL 34987	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, TOM		NAME		
STREET ADDRESS	18602 KITTY HAWK COURT		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUIT, CLYDE		NAME		
STREET ADDRESS	18501 TRANQUILITY BASE LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, JAMES		NAME		
STREET ADDRESS	18701 KITTY HAWK COURT		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP		
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 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: <u>Diane L Stewart</u> DIANE L STEWART			Date: <u>3-25-06</u>		Daytime Phone #: <u>(772) 464-7610</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #