2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # N9900003401

Principal Place of Business

THE DELTA AIRCRAFT CORPORATION LANDINGS II OWNER S ASSOCIATION, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90170 039 ****61.25

SUITE #100 CLEARWATER FL 33763			SUITE #100 CLEARWATER FL 33763						HIN BONA RINA		188 (1981 818 1) 1	0 180 (100 (100)	
2. Principal Place of Business			3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-3667706 Applied For Not Applicable					
Zip Country Zip				p	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	and Address of Current	:	man and the sales		7. Name and Addres	s of New Re	gistered /	Agent'					
						Name							
GOTTLIEB, JERRY ESQ 2475 ENTERPRISE RD SUITE #100					i	Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER FL 33763						City .				FL	Zip Cod		
8. The above the obligate signature.	ions of registe	submits this statement for ered agent.	the purp	oose of changing its r	egistere	d office or regi	jisterec	l agent, or both, in the	State of Flor	ida. I am f	amiliar with,	and accept	
	Signature, typed o	or printed name of registered agent a	and title if app	olicable. (NOTE:	Registered	Agent signature req	quired wh	en reinstating)		DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be dded to Fees	Make Check Payable to Florida Department of State				
10.	•	OFFICERS AND DIR	ECTORS		11.		ΔΩ	DITIONS/CHANGES	TO OFFICER	S AND DIE	DECTORS IN	110	
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12. I hereby o	ertify that the	information supplied with t	his filina	does not qualify for t	he even	notion stated in	a Sociii	on 110 07/2\(i) Florid	Ctatutas 16	th o.r	if . 4b = 1 1b = 1		

Intereory certify that the information supplied with this filling 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: