FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 749425 (5)

1. Corporation Name

WELLINGTON AERO CLUB PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
15675 TAKE OFF PLACE WELLINGTON FL 33414 US	15675 TAKE OFF PLACE WELLINGTON FL 33414 US

3. Date Incorporated or Qualified: 10/22/1979

3a. Date of Last Report: 07/12/1994

4. FEI Number: 59-1951800 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: — 22: Suite, Apt. #, etc. — 23: City & State — 24: Zip — 25: Country

2a. Mailing Address — 26: — 27: Suite, Apt. #, etc. — 28: City & State — 29: Zip — 30: Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERGER, BEN
ALLSTATE PROPERTY MGT & REALTY, INC.
21000 BOCA RIO ROAD, SUITE 1-9
BOCA RATON FL 33433

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	GREEN, MARVIN P.	1.2 NAME	SCOTT FORD
STREET ADDRESS	15435 HAWER LANE	1.3 STREET ADDRESS	15575 SUNWARD ST.
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 334 14
TITLE	VDP	2.1 TITLE	☐ Change ☐ Addition
NAME	PINEDA, JOSE M.	2.2 NAME	
STREET ADDRESS	2500 GRENNBRIAR BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SP	3.1 TITLE	SP ☑ Change ☐ Addition
NAME	VALCARCEL, FRANK	3.2 NAME	TIM HEADBERG
STREET ADDRESS	15555 GRUMAN COURT	3.3 STREET ADDRESS	15310 TAKE OFF PLACE
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	KRAMER, WILLIAM L.	4.2 NAME	GLEN THOMPSON 2000 GREENBRIER
STREET ADDRESS	15485 ENSTROM RD.	4.3 STREET ADDRESS	~~12561 SUNRISE BLVD~~ BLVD
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D	5.1 TITLE	VDP ☑ Change ☐ Addition
NAME	HAMILTON, NED	5.2 NAME	
STREET ADDRESS	15675 TAKE OFF PLACE	5.3 STREET ADDRESS	15280 SUNWARD ST
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	WEBER, GEROGE	6.2 NAME	PETER STEELE
STREET ADDRESS	15435 ENSTROM ROAD	6.3 STREET ADDRESS	8872 NW 56TH ST.
CITY-ST-ZIP	WELLINGTON FL	6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on an attachment with an address.

SIGNATURE: Scott S. Ford 4/21/95 407-796-6725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004881