


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90453 020 \*\*\*\*61.25

<b>DOCUMENT # 749425</b> 1. Entity Name <b>WELLINGTON AERO CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US</b>			Mailing Address <b>3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORRIS, ROBERT R 15870 LINDBERGH LANE WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Leonard McGarity 15870 Boeing Ct. Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TABERNILLA, CARLOS 2940 GREENBRIAR BLVD WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CLAERBOUT, PAUL 15755 CHANDELLE PLACE WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S John Wagner 15755 Lindbergh Lane Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BADGER, ROSAIRE 15875 LINDBERGH LANE WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Gaetano Maira 15715 Lindbergh Lane Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELFERS, FRED 15505 TAKE OFF PLACE WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Glen Thompson 2000 Greenbriar Blvd. Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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.					
<b>SIGNATURE:</b> _____ <b>3/15/2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					