2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004286

1. Entity Name
FLIGHTWAY CORPORATE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134	C/O HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVENUE CORAL SPRINGS, FL 33134

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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0981407
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CEBALLOS, HAYDEE CPA
354 SEVILLA AVENUE
CORAL GABLES, FL 33134

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

Filing Fee is $61.25
Due by May 1, 2005

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

U00000344146
04/29/05-80125-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE MELO PIMENTA, JOSUE
STREET ADDRESS	354 SEVILLA AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33134
TITLE	DPS
NAME	CEBALLOS, HAYDEE CPA
STREET ADDRESS	354 SEVILLA AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33134
TITLE	D
NAME	FRANCISCO, VALTER JOSE
STREET ADDRESS	354 SEVILLA AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Haydee Ceballos HAYDEE CEBALLOS 4/27/05 305 448-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRES. Date Daytime Phone #