

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 706282

**Entity Name:** SKY HARBOUR EAST, INC.

**Current Principal Place of Business:**

2100 SOUTH OCEAN DRIVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2100 SOUTH OCEAN DRIVE  
FORT LAUDERDALE, FL 33316

**FEI Number:** 59-1030455

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURG, LEE HESQ.  
BECKER  
1 EAST BROWARD BLVD SUITE 1800  
FORT LAUDERDALE, FL 33301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WEAVER, RUSSELL  
Address 2100 SOUTH OCEAN DR, APT. 16H  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name RICHARDS, JEANNINE  
Address 2100 SOUTH OCEAN DR. APT. 1A  
City-State-Zip: FORT LAUDERDALE FL 33316

Title PRESIDENT  
Name WHEATLEY, JANE  
Address 2100 S OCEAN DR, APT 11CD  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name KUCHOVA, NICHOLAS RANDAL  
Address 2100 S OCEAN DR, APT 12H  
City-State-Zip: FT LAUDERDALE FL 33316

Title SECRETARY  
Name BEIRNE, KATHLEEN  
Address 2100 S OCEAN DR, APT 7H  
City-State-Zip: FT LAUDERDALE FL 33316

Title TREASURER  
Name DISPENZIERS, BEN  
Address 2100 S OCEAN DRIVE  
8CD  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name PAGANI, DAVID  
Address 2100 S OCEAN DRIVE  
8H  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN BEIRNE

**SECRETARY**

**05/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date