

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722935

Entity Name: FLORIDA AVIATION BUSINESS ASSOCIATION, INC.**Current Principal Place of Business:**13506 SUMMERPORT VILLAGE PARKWAY
STE 211
WINDERMERE, FL 34786**Current Mailing Address:**13506 SUMMERPORT VILLAGE PARKWAY
STE 211
WINDERMERE, FL 34786 US**FEI Number:** 65-0032480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AVIATION MANAGEMENT CONSULTING GROUP, INC.
10675 WOODCHASE CIRCLE
ORLANDO, FL 32836 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:** JEFF A KOHLMAN

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name QUINN, MIKE
Address 13506 SUMMERPORT VILLAGE
PARKWAY
SUITE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name KOHLMAN, JEFF
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name SHOWALTER, JENNY
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name RICHARDS, RICHARD L.
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name ROSENSTEEL, CHRISTINE
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name CONKLIN, COLLEEN
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title TREASURER / DIRECTOR
Name FOLKRINGA, SUE
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name EARL, WESLEY
Address 13506 SUMMERPORT VILLAGE
PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

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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: BRAD NOJAIM

PRESIDENT

04/20/2021

Officer/Director Detail Continued :

Title DIRECTOR
Name POPILEK, STEVEN
Address 13506 SUMMERPORT VILLAGE PARKWAY
STE 211
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT
Name NOJAIM, BRAD
Address 13506 SUMMERPORT VILLAGE
PARKWAY
SUITE 211
City-State-Zip: WINDERMERE FL 34786