

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747417

**Entity Name:** EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 620,  
INCORPORATED**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC9517915303****Current Principal Place of Business:**10875 S.W. 69 CT.  
PINECREST, FL 33156**Current Mailing Address:**10875 S.W. 69 CT.  
PINECREST, FL 33156**FEI Number: 65-0144252****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOSK, YALE  
10875 S.W. 69 CT.  
PINECREST, FL 33156 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	PD
Name	MOSK, YALE
Address	10875 S.W. 69 COURT
City-State-Zip:	MIAMI FL 33156

Title	TD
Name	WAMPOLE, DAVE
Address	6142 PARADISE POINT
City-State-Zip:	MIAMI FL 33157

Title	VPD
Name	SANTE, RICK
Address	12105 S.W. 109 CT.
City-State-Zip:	MIAMI FL 33176

Title	D
Name	WAYNE , ROBERT
Address	1225 S.W. 87 AVE.
City-State-Zip:	MIAMI FL 33174

Title	D
Name	SMITH , BERT
Address	15043 S. DIXIE HIGHWAY
City-State-Zip:	MIAMI FL 33176

Title	D
Name	UNZICKER, LEO
Address	11012 S.W. 117 ST.
City-State-Zip:	MIAMI FL 33176

*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: YALE MOSK****PD****02/19/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date