

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31387

Entity Name: AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18607 MACH ONE DRIVE
PORT ST. LUCIE, FL 34987

Current Mailing Address:

18607 MACH ONE DRIVE
PORT ST. LUCIE, FL 34987 US

FEI Number: 65-0142437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEERS, JUNE L
AERO ACRES PROPERTY ASSOC
18607 MACH ONE DRIVE
PORT ST LUCIE, FL 34987 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: JUNE L. BEERS

02/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BEERS, JUNE L
Address 18704 KITTY HAWK COURT
City-State-Zip: PORT SAINT LUCIE FL 34987

Title SECRETARY
Name BRENNER, VAL
Address 18504 TRANQUILITY BASE LANE
City-State-Zip: PORT SAINT LUCIE FL 34987

Title PRESIDENT
Name GOINS, JEFF C.
Address 18600 KITTY HAWK COURT
City-State-Zip: PORT ST LUCIE FL 34987

Title DIRECTOR
Name BRENNER, DEBBIE
Address 18504 TRANQUILITY BASE LANE
City-State-Zip: PORT ST LUCIE FL 34987

Title DIRECTOR
Name SCHELLENGER, JONATHAN
Address 18506 TRANQUILITY BASE LANE
City-State-Zip: PORT ST LUCIE FL 34987

Title VICE PRESIDENT
Name DI GIOVANNI, ROBERT
Address 18704 MACH ONE DRIVE
City-State-Zip: PORT SAINT LUCIE, FL FL 34987

Title DIRECTOR
Name CICALESE, LOUIS
Address 18505 KITTY HAWK COURT
City-State-Zip: PORT SAINT LUCIE FL 34987

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: JUNE L BEERS

TREASURER

02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date