

**2018 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

03/28/2018

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           DI GOINANNI, NANCY  
Address        18704 MACH ONE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title           DIRECTOR  
Name           FLACK, EDWARD  
Address        18604 MACH ONE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title           DIRECTOR  
Name           HEIDINGER, ALBERT  
Address        18601 MACH ONE DR  
City-State-Zip: PORT SAINT LUCIE FL 34987

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

Title           DIRECTOR  
Name           BROWN, ROGER  
Address        18603 TRANQUILITY BASE LANE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title           DIRECTOR  
Name           WESTON, JEFF  
Address        18502 KITTY HAWK COURT  
City-State-Zip: PORT ST. 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

03/28/2018

Electronic Signature of Signing Officer/Director Detail

Date