

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129374

Entity Name: TBM 700 OWNERS AND PILOTS ASSOCIATION, INC.**Current Principal Place of Business:**245 PICKETTS TRACE
ACWORTH, GA 30101**Current Mailing Address:**245 PICKETTS TRACE
ACWORTH, GA 30101 US**FEI Number:** 20-1618146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AM&E SERVICES LLC
801 NORTH MAGNOLIA AVENUE
SUITE 201
ORLANDO, FL 32803 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 DIRECTOR
Name KAPLAN, DAVE
Address 401 DOUGLAS ST STE 406
City-State-Zip: SIOUX CITY IA 51101

Title DIRECTOR, CHAIRMAN
Name DUNSIRN, BRIAN
Address 345 LAKE ROAD
City-State-Zip: MENASHA WI 54952

Title DIRECTOR
Name THOMPSON, STEVE
Address 5201 N WALNUT ST
City-State-Zip: MUNCIE IN 47303

Title DIRECTOR, VC
Name SOLANO, THOMAS
Address 5210 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, TREASURER,
SECRETARY
Name JOHNSON, CAREY
Address 701 SW F AVE
City-State-Zip: LAWTON OK 73501

Title EXECUTIVE SECRETARY
Name STANISTREET, MISTY
Address 245 PICKETTS TRACE
City-State-Zip: ACWORTH GA 30101

Title DIRECTOR
Name KIEFFER, TOM
Address 26350 N 106TH WAY
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR
Name REUTER, DIERK
Address 4001 GULF SHORE BLVD
607
City-State-Zip: NAPLES FL 34103

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MISTY STANISTREET

EXECUTIVE DIRECTOR

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRAGG, ANDREW
Address 5437 BROOKVIEW AVE
City-State-Zip: EDINA MN 55424

Title DIRECTOR
Name GRUNSFELD, JOHN
Address PO BOX 20705
City-State-Zip: BOULDER CO 80308