

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211234

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SUMMERLAND KEY COVE AIRPORT COMPANY

**Current Principal Place of Business:**

SUMMERLAND AIRPORT  
SUMMERLAND KEY, FL 33042 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 420290  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

FEI Number: 59-1438334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROY, DAVID  
384 AIRPORT DR SOUTH  
SUMMERLAND KEY, FL 33042 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MERRILL, KARL  
Address: 441 AIRPORT DR NORTH  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: S/D ( ) Delete  
Name: MARZELLA, JAMES  
Address: 155 AIRPORT DR NORTH  
City-St-Zip: SUMMERLAND KEY, IN 46540 US

Title: VPD ( ) Delete  
Name: SZMANSKY, ROBIN  
Address: AIRPORT DR  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: D ( ) Delete  
Name: ROY, DAVID  
Address: AIRPORT DR  
City-St-Zip: SUMMERLAND KEY, FL 33040 US

Title: D ( ) Delete  
Name: BRASWELL, EDGAR  
Address: 185 AIRPORT DR NORTH  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: D ( ) Delete  
Name: ANTONUCCI, DONALD  
Address: 441 AIRPORT DR NORTH  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARL MERRILL

P

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date