

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 022 ****70.00

DOCUMENT # 720716		
1. Entity Name FLORIDA AIRPORT-MANAGER'S ASSOCIATION, INC.		

Principal Place of Business 1801 N. MERIDAN RD SUITE C TALLAHASSEE FL 32303	Mailing Address 1801 N. MERIDAN RD SUITE C TALLAHASSEE FL 32303
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E037 (11/03)

4. FEI Number 59-2464844	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent JOHNSON, WILLIAM R 1801 N. MERIDIAN RD., SUITE C TALLAHASSEE FL 32303	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 1801 N. MERIDIAN RD., SUITE C TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COOLEY, EDWARD 5503 W. SPRUCE ST. TAMPA FL 33607-1475 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOLEY, EDWARD 5503 W. SPRUCE ST. TAMPA, FL 33607-1475 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODYS, PETER 16000 CHAMBERLIN PKWY, SUITE 8671 FORT MYERS FL 33913 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODYS, PETER 16000 CHAMBERLIN PKWY, SUITE 8671 FORT MYERS, FL 33913 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERRY, WILLIAM F 320 TERMINAL DRIVE FORT LAUDERDALE FL 33315 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD QUILL, GARY 28000 AIRPORT RD., A-1 PUNTA GORDA, FL 33982 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 **850.224.2964**
Date Daytime Phone #