

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State



DOCUMENT # 722830
 1. Entity Name
TAVERNAERO AIRPORT PARK, INC.

Principal Place of Business: **P.O. BOX 171 TAVERNIER FL 33070 US**
 Mailing Address: **P.O. BOX 171 TAVERNIER FL 33070 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1506689** Applied For Not Applied

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

6. Name and Address of Current Registered Agent
**FLOBACK, MIRIUM P
 180 S AIRPORT ROAD
 TAVERNIER FL 33070**

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 _____ DATE _____
(NOTE: Registered Agent signature required when consolidating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIESCHING, ADOLF		NAME		
STREET ADDRESS	101 N AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCCO, JOHN		NAME		
STREET ADDRESS	424 SUNSHINE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, ANN		NAME		
STREET ADDRESS	192 SOUTH AIRPORT RD.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINDER, HENRY		NAME		
STREET ADDRESS	141 N AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, DANNY		NAME		
STREET ADDRESS	236 ORCHID ST.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOBACK, MIRIAN		NAME		
STREET ADDRESS	180 S AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		

100000427582
 02/21/06-80013-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 affidavit with an address, with all other like empowered.

SIGNATURE _____ DATE **2/16/06** (1205) 463-1315