



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90175 047 ****61.25

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|---|---|--|---|--|--|
| DOCUMENT # 747417 1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 620, INCORPORATED | | | |  | |
| Principal Place of Business 1570 MADRUGA AVENUE SUITE 209 CORAL GABLES, FL 33146 | | | Mailing Address 1570 MADRUGA AVENUE SUITE 209 CORAL GABLES, FL 33146 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 9990 S.W. 77th Avenue Suite 330 | |  | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65-0144252 | |
| Zip 33176 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HICKEY, HAROLD V 1570 MADRUGA AVENUE SUITE 209 CORAL GABLES, FL 33146 | | | | 7. Name and Address of New Registered Agent Name John A. Margolis Street Address (P.O. Box Number is Not Acceptable) Suite 330, 9990 S.W. 77th Avenue City Miami FL Zip Code 33156 | |
| 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MOSK, YALE 10875 S.W. 69 COURT MIAMI, FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Secretary David Wampole 6142 Paradise Point Miami, Florida 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MORMON, STEVE 9505 SW 63 CT MIAMI, FL 33156 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President John A. Margolis Suite 330, 9990 S.W. 77th Avenue Miami, FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JUDGE, ANDREW 2965 CENTER STREET, APT 3 MIAMI, FL 33133 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer/ Fallavollita, Sal 10471 SW 110 Street, Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HICKEY, HAROLD 1570 MADRUGA AVENUE, STE 209 CORAL GABLES, FL 33146 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 | | | Date 4/21/05 Daytime Phone # 305 595 1911 | | |