


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90025 036 ****61.25

DOCUMENT # 747417 1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 620, INCORPORATED					
Principal Place of Business 1570 MADRUGA AVENUE STE 209 MIAMI, FL 33146			Mailing Address 9990 SW 77TH AVE STE 330 MIAMI, FL 33176		
2. Principal Place of Business John A. Margolis		3. Mailing Address Suite, Apt. #, etc. Suite 330, 9990 SW 77 Ave			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0144252	
Zip 33156		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 SW 77TH AVE STE 330 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2006		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 XX	NAME MOSK, YALE		TITLE V.P. D	NAME Mosk, Yale	
STREET ADDRESS 10875 S.W. 69 COURT	CITY-ST-ZIP MIAMI, FL 33156		STREET ADDRESS Mosk, Yale	CITY-ST-ZIP MIAMI, FL 33156	
TITLE VP	NAME WAMPOLE, DAVID		TITLE P/T/D	NAME Wampole, David	
STREET ADDRESS 6142 PARADISE POINT	CITY-ST-ZIP MIAMI, FL 33157		STREET ADDRESS Wampole, David	CITY-ST-ZIP MIAMI, FL 33157	
TITLE VP	NAME MARGOLIS, JOHN A		TITLE D	NAME SAL FALLAVOLLITA	
STREET ADDRESS 9990 SW 77TH AVE	CITY-ST-ZIP MIAMI, FL 33156		STREET ADDRESS 10471 SW 104 Street	CITY-ST-ZIP Miami, FL 33176	
TITLE X	NAME HICKEY, HAROLD		TITLE D	NAME BERT SMITH	
STREET ADDRESS 1570 MADRUGA AVENUE, STE 209	CITY-ST-ZIP MIAMI, FL 33146		STREET ADDRESS 15043 So Dixie Highway	CITY-ST-ZIP MIAMI, FL 33176	
TITLE X	NAME FALLAVOLLITA, SAL		TITLE S/D	NAME Bishop, William	
STREET ADDRESS 10471 SW 104 ST	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS 8835 SW 17th Terrace	CITY-ST-ZIP Miami, FL 33165	
TITLE S	NAME Bishop, William		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ Daytime Phone # _____					