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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

764789

(4)

AIRPORT NEIGHBORS, INC.

FILED Feb 27 1998 8:00am Secretary of State

	01		HARAMA MARIA BARA MARIA MA	TO TIAK TIAK TIAK TIAK TIAK
Principal Place of Business	Mailing Address			AN BIBN CIBN BIBN BIBN BIBN
PO BOX 10943 BRADENTON FL 34282	PO BOX 10943 BRADENTON FL 34282		3. Date Incorporated or Qualified 09/01/1982	
US	US		4. FEI Number	Applied For
			NOT APPLICABLE	X Not Applicable
2. Principal Place of Business	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · · 	6 Station Committee State of the	Fee Required
22	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowner	rs association?
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25	29	30	, , , , , , , , , , , , , , , , , , ,	Yes X No
9. Name and Address of Current Registered Agent 10. No. No. Name			10. Name and Address of New Registered	Agent
PASTER, SAUL				
6108 28TH STREET, WEST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34207		83		
		84 City	FL	es Zip Code
11. Pursuant to the provisions of Section	s 617.0502 and 617.1508, Florida Statut	es, the above-named corpo	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	f changing its registered
agent. I am familiar with, and accept	the obligations of, Section 617.0503, Fk	orida Statutes.	on's board of directors, I hereby accept the app	ointment as registered
SIGNATURESignature, typed or printed name of r	solstered agent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstaling) DATE	
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE C	☐ DELETE	1.1 TITLE	,	Change Addition
NAME MILLER, JOHN J		1.2 NAME		
STREET ADDRESS 2806 FLORIDA BLVD).	1.3 STREET ADDRESS	•	
CITY-ST-ZIP BRADENTON FL	I poreze	1.4 CITY - ST - ZIP		
TITLE VC NAME HARGREAVES, ROBE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME HARGREAVES, ROBE STREET ADDRESS 2610 BAY DRIVE	:ni	2.2 NAME		
CITY-ST-ZIP BRADENTON FL		2.3 STREET ADDRESS		
TITLE S	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME SMITH, GINETTE	 · · ··-	3.2 NAME		
STREET ADDRESS 361 SCOTT AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		3.4. CITY-ST-ZIP		
TITLE T	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME REEVES, THOMAS		4. 2 NAME		•
STREET ADDRESS 6727 26TH STREET,	WEST	4.3 STREET ADDRESS		
CITY-ST-ZIP BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE D	DELETE	5.1 TITLE		Change Addition
NAME FIELDS, JACK		5.2 NAME		
STREET ADDRESS 7619 WESTMORELAN	ND DR	5.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE D	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME NIOSI, EMILE				1
STREET ADDRESS 6415 QUAIL HOLLOV	17 t al	6.2 NAME		l
CITY-ST-ZIP BRADENTON FL	V PL	6.2 NAME 6.3 STREET ADDRESS		

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.