

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90047 024 ****61.25

DOCUMENT # 764789

1. Corporation Name

AIRPORT NEIGHBORS, INC.

Principal Place of Business

PO BOX 10943
BRADENTON FL 34282
US

Mailing Address

PO BOX 10943
BRADENTON FL 34282
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

PASTER, SAUL
6108 26TH STREET, WEST
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **MILLER, JOHN J**
CITY-ST-ZIP **2806 FLORIDA BLVD.**
BRADENTON FL

TITLE ☐ DELETE
NAME **VC**
STREET ADDRESS **HARGREAVES, ROBERT**
CITY-ST-ZIP **2610 BAY DRIVE**
BRADENTON FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SMITH, GINETTE**
CITY-ST-ZIP **361 SCOTT AVE**
SARASOTA FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **REEVES, THOMAS**
CITY-ST-ZIP **6727 26TH STREET, WEST**
BRADENTON FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FIELDS, JACK**
CITY-ST-ZIP **7619 WESTMORELAND DR**
SARASOTA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NIOSI, EMILE**
CITY-ST-ZIP **6415 QUAIL HOLLOW PL**
BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Miller

3/16/99

941-756-5833

Date

Daytime Phone #

CR2E037-(11/98)