

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# N01000002711

Entity Name: TAILWIND HANGARS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 38-3645044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, KARLA
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: GANTT, ROBERT
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D () Delete
Name: NEUBAUER, RICK
Address: 116 CANAL STREET, SUITE A
City-St-Zip: DAYTONA BEACH, FL 32168

Title: S/D () Delete
Name: ALLEN, LOY
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP/D () Delete
Name: SAVOCA, ROY
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GANTT

P/D

02/23/2009

Electronic Signature of Signing Officer or Director

Date