


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90207 031 \*\*\*\*61.25

**DOCUMENT # N01000002711**

1. Entity Name  
**TAILWIND HANGARS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**100 CESSNA BLVD.  
SUITE A  
DAYTONA BEACH FL 32128**

Mailing Address  
**100 CESSNA BLVD.  
SUITE A  
DAYTONA BEACH FL 32128**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**212-1 CESSNA BLVD**

3. Mailing Address  
**212-1 CESSNA BLVD**

Suite, Apt. #, etc.

City & State  
**Daytona Beach**

City & State  
**Daytona Beach, FL**

Zip  
**32128**

Country  
**USA**

4. FEI Number **38-3645044**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAUMANN, KARLA  
100 CESSNA BLVD.  
SUITE A  
DAYTONA BEACH FL 32128**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**212-1 CESSNA BLVD**

City **Daytona Beach** **FL** Zip Code **32128**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SPRENG, GUSTL	2890 MALIBU COURT	DAYTONA BEACH FL 32124	<input type="checkbox"/>
DST	BAUMANN, KARLA	100 CESSNA BLVD. SUITE A <b>212-1 CESSNA BLVD</b>	DAYTONA BEACH FL 32128	<input type="checkbox"/>
VD	WOHL, LORRAINE	100 CESSNA BLVD. SUITE A <b>212-1 CESSNA BLVD</b>	DAYTONA BEACH FL 32128	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Charles [Signature] **1-6-03 (386) 760-5884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)