


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000008203	
<b>1. Entity Name</b> AIRLIE ASSOCIATION, INC.	

<b>Principal Place of Business</b> 701 SAN MARCO BLVD 19 TH FLOOR JACKSONVILLE FL 32207	<b>Mailing Address</b> 3678 AIRLIE LANE JACKSONVILLE FL 32217
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 41-2053584	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  ZIMMERMAN, BRADLEY D 2732 AIRLIE LANE JACKSONVILLE FL 32217
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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 remaining) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	ZIMMERMAN, BRADLEY D	<b>NAME</b>	000000401400		
<b>STREET ADDRESS</b>	3670 AIRLIE LANE	<b>STREET ADDRESS</b>	02/02/06-80041-015 61.25		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32217	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	BOVE, JOSEPH	<b>NAME</b>			
<b>STREET ADDRESS</b>	3678 AIRLIE LANE	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32217	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	HURST, GERALD	<b>NAME</b>			
<b>STREET ADDRESS</b>	3663 AIRLIE LANE	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32217	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	STENSON, ANDY	<b>NAME</b>			
<b>STREET ADDRESS</b>	AIRLIE LANE	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32217	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	PERRONE, ANTHONY	<b>NAME</b>			
<b>STREET ADDRESS</b>	368 AIRLIE LANE	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32217	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.