2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008203

368 AIRLIE LANE

JACKSONVILLE, FL 32217

Address: City-St-Zip:

tity Name: AIRLIE ASSOCIATION, INC.

FILED Jan 06, 2009 Secretary of State

Entity Na	me: AIRLIE A	SSOCIATION, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
701 SAN N	MARCO BLVD				
19 TH FLO		007			
JACKSON	IVILLE, FL 32:	207			
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
3678 AIRL JACKSON	IE LANE IVILLE, FL 32:	217			
FEI Number	: 41-2053584	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
2732 AIRL	IAN, BRADLE` IE LANE IVILLE, FL 32:				
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title:	Р () Delete	Title:	() Change () Addition	
Name:	ZIMMERMAN,		Name:		
Address:	3670 AIRLIE L		Address:		
City-St-Zip:	JACKSONVILL	E, FL 32217	City-St-Zip:		
Title:	Т () Delete	Title:	() Change () Addition	
Name:	BOVE, JOSEP	H	Name:		
Address:	3678 AIRLIE L	ANE	Address:		
City-St-Zip:	JACKSONVILL	.E, FL 32217	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	HURST, GERA		Name:	, , ,	
Address:	3663 AIRLIE L	ANE	Address:		
City-St-Zip:	JACKSONVILL	.E, FL 32217	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	STENSON, AN	•	Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	AIRLIE LANE		Address:		
City-St-Zip:	JACKSONVILL	.E, FL 32217	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	PERRONE, AN		Name:	· · · · · · · · · · · · · · · · · · ·	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH BOVE T 01/06/2009