

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02014 (1)**
1. Corporation Name
CONDORS FLYING CLUB OF CORAL SPRINGS, INC.



Principal Place of Business: P O BOX 8891, CORAL SPRINGS FL 33065-0643
Mailing Address: P O BOX 8891, CORAL SPRINGS FL 33065-0643

3. Date Incorporated or Qualified: **03/16/1984**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **NOT APPLICABLE**
Applied For: Applied For, Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
SKANTAR, GEORGE
11000 N.W. 24TH ST.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and street address (21-23) (24-30) (2011 - Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEON, ROB	
STREET ADDRESS	5205 NW 54TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WADSWORTH, LES	
STREET ADDRESS	10135 NW 43RD STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANKA, LARRY	
STREET ADDRESS	3358 DC LAKESHORE DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SKANTAR, GEORGE	
STREET ADDRESS	11000 NW 24 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PISASIK, BOB	
STREET ADDRESS	8324 N CORAL CIRCLE	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CERRITO, DOUG	
STREET ADDRESS	2548 SE 10TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1996

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PAUL WOODARD	
13 STREET ADDRESS	5730 NW 74TH PL #107	
14 CITY-ST-ZIP	COCONUT CREEK FL 33073	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEON, ROB	
23 STREET ADDRESS	5205 NW 54TH STREET	
24 CITY-ST-ZIP	CORAL SPRINGS FL	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LARRY MANKA	
33 STREET ADDRESS	5205 NW 54TH ST	
34 CITY-ST-ZIP	COCONUT CREEK, FL 33073-3747	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ROBERT MADDEN	
53 STREET ADDRESS	1319 SW 4TH CT.	
54 CITY-ST-ZIP	BOCA RATON, FL 33432-7138	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Larry W. Manka **LARRY W. MANKA SD**
DATE: **9/1/96**
DATE FILING: **(954) 971-0808**

CR2E037 (12/95)