FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 25 1997 8:00am

Secretary of State

- I INDIIINDE DEF BOLLO LIDII DOIDE IKOLE DIBI DADII DIBER DIBII DIBII DIBII DIBII DIBII DEBII DEBII JODI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N02014

(1)

CONDORS FLYING CLUB OF CORAL SPRINGS, INC.

Principal Place of Business Mailing Address						
P O BOX 8891 CORAL SPRING	S FL 33065-0643	P O BOX 8891 CORAL SPRINGS FL 3307	O BOX 8891 DRAL SPRINGS FL 33075-8891			
					3. Date Incorporated or Qualified 03/16/1984	3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			NOT APPLICABLE	✔ Not Applicable
Suite, Apl 22		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	[25]	29	30			Yes No
	9. Name and Address of Cu	rrent Hegistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
O CALIFORNI			"	Name		
	R, GEORGE		82 Street Addre		ddress (P.O. Box Number is Not Acceptal	ole)
	.W. 24TH ST.		8	<u></u>		
CORAL	SPRINGS FL 33065		"	٦		
			8			FL 85 Zip Code
Office of fi	edistered adent, or hoth, in the St	0502 and 617.1508, Florida Statut tate of Florida Such change was oligations of, Section 617.0503, Fl	authorized	nu tha carna	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE						
40	Signature Typesfor printed name of registered	flagent and tille if applicable (NOT AND DIRECTORS		gent signature re	equired when rainstating)	DATE
12. TITLE	D OFFICE HS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	LEON, ROB	Dettite			PP CONTRACTOR CONTRACTOR	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	5205 NW 54TH STREET		1.2 NAM		MARVIN R. GRUB	D .
CITY+ST-ZIP	COCONUT CREEK FL			ET ADDRESS	3082 N.W. 119 LANE CORAL SPRES. FL.	91015
TIRE	D OCCORDI ONLER TE	DELETE	1.4 CITY 2.1 TITLE		COKA STRUS. PA	Change Addition
NAME	WADSWORTH, LES	L. DECENE	2.2 NAM			
STREET ADDRESS	10135 NW 43RD STREET					
City-St-ZIP	CORAL SPRINGS FL			ET ADDRESS		
TITLE	COCO	DEFELE	2. 4 City 3.1 Title			Change Addition
NAME	MANKA, LARRY		3.2 NAM			Change Addition
STREET ADDRESS	5205 NW 54TH ST			ET ADORESS		
CITY - S1 - ZIP	COCONUT CREEK FL					
TOLE	TD	DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME	SKANTAR, GEORGE		4.2 NAM			E comple Et vanition
STREET ADDRESS	11000 NW 24 ST			ET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		4.4 CiTY			
DILE	VD	DELETE	5.1 TITLE			Change Addition
NAME	MADDEN, ROBERT	James W. Co. C. Ph.	5 2 NAMI			ш етминуе ш изацион
STREET ADORESS	1319 SW 4TH CT			ET ADORESS		
CHTY - ST - ZIP	BOCA RATON FL		5.4 CITY			
TITLE	PB. /	₽ DELETE	61 TITLE			Change Addition
NAME	WOODARD, PAUL		62 NAMI	i		E samile E regulation
STREET ADDRESS	5730-NW MTH PL #107			ET ADDRESS		
CITY-SI-76	COCONUT CREEK FL		64 CITY			

14. I do 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 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:

SIGNATURE:

Date

Date