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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02014 (1)

Corporation Name

CONDORS FLYING CLUB OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

P O BOX 8891
CORAL SPRINGS FL 33065-0643

P O BOX 8891
CORAL SPRINGS FL 33065-0643

3. Date Incorporated or Qualified

03/16/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKANTAR, GEORGE
11000 N.W. 24TH ST.
CORAL SPRINGS FL 33065

81 Name

LARRY MANKA

82 Street Address (P.O. Box Number is Not Acceptable)

5205 NW 54 ST

83

84 City

COCONUT CREEK FL

85 Zip Code

33073

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


Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/18/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRUBB, MARVIN R	
STREET ADDRESS	3082 NW 119TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WADSWORTH, LES	
STREET ADDRESS	10135 NW 43RD STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	COCO	<input type="checkbox"/> DELETE
NAME	MANKA, LARRY	
STREET ADDRESS	5205 NW 54TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	TD	<input checked="" 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	MADDEN, ROBERT	
STREET ADDRESS	1319 SW 4TH CT	
CITY-ST-ZIP	BOCA RATON FL	

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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALAN WERKSMAN	
1.3 STREET ADDRESS	23419 WATER CIR.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUG SMITH	
2.3 STREET ADDRESS	5000 NW 85 RD	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STAN BERNSTEIN	
4.3 STREET ADDRESS	23471 WATER CIR.	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33486	

5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOM BUKATY	
5.3 STREET ADDRESS	3195 NW 114TH LANE	
5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	

6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT B. JONES	
6.3 STREET ADDRESS	10305 NW 40 CT.	
6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

14. 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 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:



3/17/98

(954) 785-0279

CR2E037 (10/97)