

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90063 021 ****61.25

0027299

DOCUMENT # N02014

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/16/1984

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MANKA, LARRY
5204 NW 54 ST
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

Robert B. Jones

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

10305 NW 40th Court

83

84 City

CORAL SPRINGS FL

85 Zip Code

33065

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

Robert B. Jones

01/04/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WEKSMAN, ALAN
STREET ADDRESS 23419 WATER CIR
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE
NAME SMITH, DOUG
STREET ADDRESS 5000 NW 85 RD
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE TD ☐ DELETE
NAME MANKA, LARRY
STREET ADDRESS 5205 NW 54TH ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE D ☐ DELETE
NAME BERNSTEIN, STAN
STREET ADDRESS 23471 WATER CIR
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ DELETE
NAME BUKATY, TOM
STREET ADDRESS 3195 NW 114TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☐ DELETE
NAME JONES, ROBERT B
STREET ADDRESS 10305 NW 40 CT
CITY-ST-ZIP CORAL SPRINGS FL 33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 954-428-4161

CR2E037 (11/98)