2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90463 022 ****61.25

24073965

04262004 Chg-NP CR2E037 (10/03)

DOCUMENT # N02014

1. Entity Name
CONDORS R/C FLYING CLUB, 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
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, ROBERT B
10305 NW 40TH COURT
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name: ALAN WERKSMAN
Street Address (P.O. Box Number is Not Acceptable): 160 SW 12TH AVE STE 101-B
City: DEERFIELD BEACH FL Zip Code: 33442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	YABLIN, DAVID		NAME	WILLIS, GARY	
STREET ADDRESS	6931 NW 62 TERRACE		STREET ADDRESS	22383 MARTELLA AVE	
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SHARP, DAN		NAME	SHARP, DAN	
STREET ADDRESS	19559 DHLANDAR CIR		STREET ADDRESS	19559 DELEWARE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MANKA, LARRY		NAME		
STREET ADDRESS	5205 NW 54TH ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ACUTI, ALEX		NAME		
STREET ADDRESS	8204 SW 11TH CT		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	D	Delete	TITLE		☒ Change ☐ Addition
NAME	INORIAN, LEE		NAME	ANDREW, LEE	
STREET ADDRESS	833 NE 58 CT		STREET ADDRESS	833 NE 58 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33337		CITY-ST-ZIP	FORT LAUDERDALE, FL 33337	
TITLE	VP	☒ Delete	TITLE	P/D	☒ Addition
NAME	WEST, ED		NAME	WERKSMAN, ALAN	
STREET ADDRESS	7909 NW 73 TERR		STREET ADDRESS	160 SW 12TH AVE, SUITE 101-B	
CITY-ST-ZIP	TAMARI, FL 33321		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-21-04 954 428-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #