


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N02014 1. Entity Name CONDORS R/C FLYING CLUB, INC. |  |
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| Principal Place of Business P O BOX 8891 CORAL SPRINGS, FL 33065-0643 | Mailing Address P O BOX 8891 CORAL SPRINGS, FL 33065-0643 |
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WERKSMEN, ALAN 160 SW 12TH AVE STE 101-B DEERFIELD BEACH, FL 33442 |
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIS, GARY 22383 MARTELLA AVE BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARP, DAN 19559 DELEWARE CIR BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MANKA, LARRY 5205 NW 54TH ST COCONUT CREEK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ACUTI, ALEX 8204 SW 11TH CT N LAUDERDALE, FL 33068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDREW, LEE 833 NE 58 CT FORT LAUDERDALE, FL 33337 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WERKSMAN, ALAN 160 SW 12TH AVE, SUITE 101-B DEERFIELD BEACH, FL 33442 |

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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: Alan J. Werksman, Pres. 3/10/05 954-428-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ALAN J. WERKSMAN