2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000002882

1. Entity Name SOUTH FLORIDA BUSINESS AVIATION ASSOCIATION, INC.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

1100 LEE WAGENER BLVD

SUITE 320

FORT LAUDERDALE, FL 33315

Mailing Address

1100 LEE WAGENER BLVD

SUITE 320

FORT LAUDERDALE, FL 33315



04232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 41-2099834 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMSDEN, SCOTT 1100 LEE WAGENER BLVD **SUITE 320**

SIGNATURE:

FORT LAUDERDALE, FL 33315

DO	NOT	WRITE
IN	THIS	SPACE

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 agent and when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financin Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000927570 05/20/08-80111-024 61.25		
10.	OFFICERS AND DIREC	CTORS			I THE PERSON OF THE PERSON		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSDEN, JEFF 2045 DISCOVERY CIRCLE EAST DEERFIELD BEACH, FL 33442	3			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONGH, TRACY 1060 PEPPERIDGE TERRACE BOCA RATON, FL 33486		,				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMSDEN, SCOTT 2656 PALMER PLACE WESTON, FL 33332				NOT WRITE		
name Street address City-St-Zip				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				٠	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a ·						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.							