



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 013 ****61.25

DOCUMENT # N03000008408					
1. Entity Name AVIATION BAY VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 800 CRANDON BLVD #102 KEY BISCAIYNE, FL 33133			Mailing Address P.O. BOX 490720 KEY BISCAIYNE, FL 33149		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 71-0972213				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHELE & ASSOCIATES 800 CRANDON BLVD #102 KEY BISCAIYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME ALEXY, JENNIFER STREET ADDRESS 3116 AVIATION AVE CITY-ST-ZIP MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete				
TITLE VSD NAME PEDRAJA, ANTONIO STREET ADDRESS 3122 AVIATION AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete				
TITLE TD NAME NAMOFF, DAVID STREET ADDRESS 3124 AVIATION CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete				
TITLE SD NAME VALLONE, LORENZO STREET ADDRESS 3112 AVIATION AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
SIGNATURE: <i>Michele Estelz-Hays</i> Michele Estelz-Hays 3-21-08 305 361-3262					