

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03434**

1. Entity Name  
**FLORIDA FLYING GATORS ULTRALIGHT ASSOCIATION,  
INC.**



Principal Place of Business  
**10817 LIBBY NO. 3 ROAD  
P.O. BOX 120331  
CLERMONT, FL 34712 US**

Mailing Address  
**P.O. BOX 120331, N/A  
P.O. BOX 120331  
CLERMONT, FL 34712-0331 US**



03202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2956907** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RESNICK, ALAN  
3795 LAKE MIRAGE BLVD.  
ORLANDO, FL 32817**

**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 signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RESNICK, ALAN  
STREET ADDRESS 3795 LAKE MIRAGE BLVD  
CITY-ST-ZIP ORLANDO, FL 32817

TITLE T  
NAME TOUCHETTE, ROBERT  
STREET ADDRESS 3548 PALM VALLEY CIRCLE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD  
NAME ERICSSON, KRISTAL  
STREET ADDRESS 251 SONOMA VALLEY CIR  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE VPD  
NAME CANTRILL, CHARLES  
STREET ADDRESS 8431 BAY OAK CT  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE SD  
NAME CANTRILL, FRANCESCA  
STREET ADDRESS 8431 BAY OAK CT  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000491743  
04/19/06-80033-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kristal Ericsson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 407-297-6327  
Date Daytime Phone #