

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 029 ****61.25

DOCUMENT # N04000005647

1. Entity Name
**CHARLOTTE COUNTY AIRPARK HANGARS BUILDING E
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**3703 HORSESHOE DR SUITE 118
NAPLES, FL 34104**

Mailing Address
**3703 HORSESHOE DR SUITE 118
NAPLES, FL 34104**

50008772



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number

APPLIED FOR 51-0541778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, RAY
3703 HORSESHOE DR SUITE 118
NAPLES, FL 34104**

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VETTER, RICHARD**
STREET ADDRESS **3703 HORSESHOE DR SUITE 118**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete
NAME **ARNOLD, DONALD**
STREET ADDRESS **3703 HORSESHOE DR SUITE 118**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete
NAME **ANDERSON, RAY**
STREET ADDRESS **3703 HORSESHOE DR SUITE 118**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Vetter
3/2/06