

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 009 ****61.25

DOCUMENT # N04000005647

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



Principal Place of Business
**18588 BASELEG AVENUE
NORTH FORT MYERS, FL 33917**

Mailing Address
**18588 BASELEG AVENUE
NORTH FORT MYERS, FL 33917**

40043365



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

51-0541778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, SHERRILL H TREA
18588 BASELEG AVENUE
NORTH FORT MYERS, FL 33917**

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, 2008**

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 **ADAMSON, CHESTER PRESIDE**
STREET ADDRESS **1534 SW 53 LANE**
CITY - ST - ZIP **CAPE CORAL, FL 33914**

TITLE **D** ☐ Delete
NAME **EDWARD, THOMPSON VICE P.**
STREET ADDRESS **112 PONOKA STREET**
CITY - ST - ZIP **PORT CHARLOTTE, FL 33954**

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

TITLE **TREA** ☐ Delete
NAME **GREENE, SHERRILL H TREA.**
STREET ADDRESS **18588 BASELEG AVENUE**
CITY - ST - ZIP **NORTH FORT MYERS, FL 33917**

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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NAME
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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:

Sherrill H. Greene

Sherrill H. Greene
TREASURER

08 March 08 4964

Date

Daytime Phone #