

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005648

FILED
Feb 18, 2007
Secretary of State

Entity Name: CHARLOTTE COUNTY AIRPARK HANGARS BUILDING F CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3073 HORSESHOE DR SUITE 118
NAPLES, FL 34104

New Principal Place of Business:

10041 MAGNOLIA POINTE
FORT MYERS, FL 33919

Current Mailing Address:

3073 HORSESHOE DR SUITE 118
NAPLES, FL 34104

New Mailing Address:

10041 MAGNOLIA POINTE
FORT MYERS, FL 33919

FEI Number: 51-0541779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, SHERRILL H
10041 MAGNOLIA POINTE
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VETTER, RICHARD
Address: 3073 HORSESHOE DR SUITE 118
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ARNOLD, DONALD
Address: 3073 HORSESHOE DR SUITE 118
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ANDERSON, RAY
Address: 3073 HORSESHOE DR SUITE 118
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENE, SHERRILL
Address: 10041 MAGNOLIA POINTE
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ECKHOFF, BILL
Address: 3297 SUNSET KEY CIRCLE
City-St-Zip: PUNTA GORTA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRILL H GREENE

D

02/18/2007

Electronic Signature of Signing Officer or Director

Date