

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 19, 2008
Secretary of State

DOCUMENT# N04000005648

Entity Name: CHARLOTTE COUNTY AIRPARK HANGARS BUILDING F CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**10041 MAGNOLIA POINTE
FORT MYERS, FL 33919**New Principal Place of Business:**18588 BASELEG AVE
NORTH FORT MYERS, FL 33917**Current Mailing Address:**10041 MAGNOLIA POINTE
FORT MYERS, FL 33919**New Mailing Address:**18588 BASELEG AVE
NORTH FORT MYERS, FL 33917**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:**GREENE, SHERRILL H
18588 BASELEG AVE
NORTH FORT MYERS, FL 33917 US

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: _____

07/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENE, SHERRILL
Address: 18588 BASELEG AVE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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

I hereby certify that the information supplied with this filing does not qualify 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

DIR

07/19/2008

Electronic Signature of Signing Officer or Director

Date