

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 23, 2009
Secretary of State

DOCUMENT# N04000005651

Entity Name: CHARLOTTE COUNTY AIRPARK HANGARS BUILDING B CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**28390 CHALLENGER BLVD., BLDG. B
PUNTA GORDA, FL 33948**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 512095
PUNTA GORDA, FL 33951**New Mailing Address:****FEI Number:** 51-0541774**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RHINEHART, WENDELL E PRES
2517 SW 39TH TERRACE
CAPE CORAL, FL 33914 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:** O () Delete
Name: RHINEHART, WENDELL E
Address: 2517 SW 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914**Title:** D () Delete
Name: HOFMEISTER, LAURENCE C
Address: 338 CAICOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950**Title:** D () Delete
Name: MALONEY, MATHEW
Address: 29190 PALM SHORES DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33949**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** O (X) Change () Addition
Name: HOFMEISTER, LAURENCE C
Address: 338 CAICOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950**Title:** O (X) Change () Addition
Name: BABYAK, CAROL
Address: 612 MONACO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950**Title:** D () Change (X) Addition
Name: ANDERSON, RAYMOND
Address: 3073 S. HORSESHOE DRIVE #118
City-St-Zip: NAPLES, FL 34104**Title:** D () Change (X) Addition
Name: FRAZIER, BENNIE
Address: 308 BAYSHORE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

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: LARRY C HOFMEISTER

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04/23/2009

Electronic Signature of Signing Officer or Director

Date