

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005651

FILED  
Mar 24, 2010  
Secretary of State

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  
Name: RHINEHART, WENDELL E  
Address: 2517 SW 39TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: O  
Name: HOFMEISTER, LAURENCE C  
Address: 338 CAICOS DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: O  
Name: BABYAK, CAROL  
Address: 612 MONACO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D  
Name: ANDERSON, RAYMOND  
Address: 3073 S. HORSESHOE DRIVE #118  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: FRAZIER, BENNIE  
Address: 308 BAYSHORE DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: LARRY HOFMEISTER

O

03/24/2010

Electronic Signature of Signing Officer or Director

Date