

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 046 *****61.25

DOCUMENT # N04000006058

1. Entity Name
**MUSTANG POINTE AERODROME CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**905 BISCAYNE BLVD.
DELAND, FL 32724 US**

Mailing Address
**PO BOX 529
DELAND, FL 32721 US**

00001000



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

3. Mailing Address

905 Biscayne Blvd

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Deland FL

Zip

Country

Zip

32724

Country

USA

04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1354208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COONE, JERRY
905 BISCAYNE BLVD.
DELAND, FL 32724**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
COONE, JERRY
905 BISCAYNE BLVD
DELAND, FL 32724**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S/T
NASS, ROBERT
P.O. BOX 244
DELAND, FL 327210244**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

905 Biscayne Blvd #4

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**905 Biscayne Blvd #2
Deland FL 32724**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08