


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

04-28-2006 90172 013 ****61.25

DOCUMENT # N05000002021 1. Entity Name AIRPORT TECHNOLOGY CENTER OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6700-1 DANIELS PARKWAY FT MYERS, FL 33912			Mailing Address 6700-1 DANIELS PARKWAY FT MYERS, FL 33912		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUNDSCHU, CHRIS 6700-1 DANIELS PARKWAY FT MYERS, FL 33912			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		<input type="checkbox"/> Delete		
NAME	BUNDSCHU, CHRIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6700-1 DANIELS PARKWAY				
CITY-ST-ZIP	FT MYERS, FL 33912				
TITLE	DST		<input type="checkbox"/> Delete		
NAME	BUNDSCHU, GAYLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6700-1 DANIELS PARKWAY				
CITY-ST-ZIP	FT MYERS, FL 33912				
TITLE	DV		<input type="checkbox"/> Delete		
NAME	KRAFT, DAN		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6700-1 DANIELS PARKWAY				
CITY-ST-ZIP	FT MYERS, FL 33912				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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: _____		Gayle Bundschu		4/26/06 239-693-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone if</small>	