

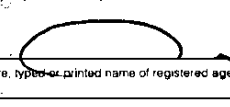
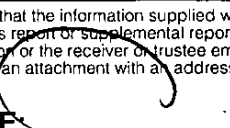


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 008 \*\*\*\*61.25

<b>DOCUMENT # N06000006994</b> 1. Entity Name <b>MAC HANGARS NO. 1 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>111-A EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114</b>			Mailing Address <b>111-A EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03242008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>20-8343624</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LOMBARDO, ANTHONY S 111-A EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name <b>Gary Yeomans</b> Street Address (P.O. Box Number is Not Acceptable) <b>1420 N. Tomoka Farms Rd</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32124</b>		
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  <b>Gary Yeomans</b> DATE <b>3-27-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOMBARDO, ANTHONY S 111-A EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric Benz - VP P.O. Box 10277 Daytona Beach, FL 32120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARRANTS, JACK 311 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Rubin - Secretary 550 Memorial Circle Ste N Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHAMAUN, GREG 1906 CLEMATIS WAY PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Myers - Treasurer 62 Village Drive Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 report 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:  <b>Gary Yeomans</b> Date <b>3-27-08</b> Daytime Phone # <b>386-274-6800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					