2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2008
Secretary of State

DOCUMENT# N14693

Entity Name: LAKE CLINCH AIRPARK ASSOCIATION, INC.

Current Principal Place of Business:

446 AIRPORT ROAD
FROSTPROOF, FL 33843 US

New Principal Place of Business:

306 AIRPORT ROAD
FROSTPROOF, FL 33843 US

Current Mailing Address:

446 AIRPORT ROAD
FROSTPROOF, FL 33843 US

New Mailing Address:

306 AIRPORT ROAD
FROSTPROOF, FL 33843 US

FEI Number: 59-2802864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMATO, LOUIS X
446 AIRPORT RD.
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

AMATO, LOUIS X
446 AIRPORT ROAD
FROSTPROOF, FL 33843 US

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: LOUIS X. AMATO 03/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: MADDEN, JOHN J JR.
Address: 340 AIRPORT RD.
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: LOVERN, DONALD,
Address: 1800 SW 93RD PL.
City-St-Zip: MIAMI, FL

Title: P (X) Delete
Name: AMATO, LUIS X
Address: 446 AIRPORT RD
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: WENZ, JUDY
Address: 306 AIRPORT RD.
City-St-Zip: FROSTPROOF, FL 33843

Title: P (X) Change ( ) Addition
Name: FOGG, JOHN
Address: 19801 SW 222 STREET
City-St-Zip: MIAMI, FL 33170 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN FOGG P 03/23/2008
Electronic Signature of Signing Officer or Director Date