2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

		. REPO		

1. Entity Nam TREASU	MENT # N15UZU e RE COAST AIRPARK PROP ITION, INC.	ERTY OWNERS			04-28-2008 90379	039 ****6:	1.25			
Principal Plac 12454 GRUN PORT ST LUC		Mailing Address 12454 PIPER CUB TERRACE PORT ST LUCIE, FL 34987 US								
2. Principal P	lace of Business - No P.O. Box # Colden Engle Sh	3. Mailing Address 1230 RANGE (Suite, Apt. #, etc.	Line R	JAc√						
Suite, Apt.	#, etc.	Suite, Apr. #, etc.	04222008 Chg-NP CR2E0	37 (12/06)						
FOR F	St. Uncie FL	Port St. Lucia			4. FEI Number 65-0118302	Not	plied For t Applicable			
34987	5F. Lucie	34987 6	Cquitry DF. Uu c	ie	5. Certificate of Status Desired	\$8.75 Addi	itional d			
	6. Name and Address of Current F	legistered Agent	Name	a .	7. Name and Address of New Registered	Agent				
	ER CUB TERRACE		ddress (F	(P.O. Box Number is Not Acceptable)						
PORTSI	LUCIE, FL 34987		123	354	954 Golden EAgle St.					
			City P	ort	St. Lucie. Fl	Zip Code	ື _ອ 7			
8. The above	named entity submits this statement for	the purpose of changing its regir	stered office or	register	ed agent, or both, in the State of Florida. I am					
the obligations of registered agent. SIGNATURE Lobert F. Cow Add Common 24 AR, 2008										
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaig Trust Fund Contri			\$5.00 May Be Added to Fees Make chec Florida Depa	k payable to				
10.	OFFICERS AND DIR		11,	A	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN	10			
TRTLE NAME	PD NELSON, LOUIS		TITLE NAME		obert F. CONN	☐ Change	Addition			
STREET ADDRESS	12454 GRUMMAN WAY		STREET ADDRESS	ADDRESS 12354 GOLDEN EAGLE St.						
CITY-ST-ZIP	PORT ST LUCIE, FL 34987		CITY-ST-ZIP	100	et St. Lucie, FL 3	<u> 54987</u>	_/_			
NAME STREET ADDRESS CITY-ST-ZIP	PREBLE, C. NICK 12454 PIPER CUB TERRACE PORT ST LUCIE, FL 34987	<i></i>	THTLE NAME STREET ADDRESS CITY-ST-ZIP	(JR) (J2) (J2) (J2) (J2) (J2) (J2) (J2) (J2	edoed DAVIS	□ Change >	Addition			
TITLE		☐ Delete	TITLE	5	2. 2000(0)	☐ Change	Addition			
name Street address			NAME Street adoress	Stu	Act DRIVER -	erace				
CITY-ST-ZIP			City-St-Zip	124 1200	it St. Lucie FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SET SE	CONTIN 55 NAVION Deive 2+ St. Lucie, FL 3	□ Change	Addition			
TITLE			TITLE	1.08	er St. Lucie, FL 3	□ Change	Addition			
NAME.			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME Street Address			NAME Street Address							
CITY-ST-ZIP			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 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: About & Comma Robert F. Comma 24 All 2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ball Date Department of the Command Command Officer or Director Command Comm										
	BIGNATURE AND TYPED OR PI	GRIEU NAME OF SIGNING OFFICER OR DI	#cEGTOR		Date	Dáytime Phone #				