


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N30253 1. Entity Name AERO PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 441 SKYWAY DR. UNIT 5 EDGEWATER, FL 32132 US	Mailing Address 441 SKYWAY DR. UNIT 5 EDGEWATER, FL 32132 US
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PATRICIA C
441 SKYWAY DR.
UNIT 5
EDGEWATER, FL 32132

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, ED 441 SKYWAY DRIVE UNIT 6 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, ED 441 SKYWAY DR., UNIT 6 EDGEWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, PATRICIA C 441 SKYWAY DRIVE UNIT 5 EDGEWATER, FL 32132
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03/23/05-80033-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia C Johnson* **Patricia C Johnson** **03-20-05** **386-426-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #