

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30253**

1. Entity Name  
**AERO PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**441 SKYWAY DR.  
UNIT 5  
EDGEWATER, FL 32132 US**

Mailing Address  
**441 SKYWAY DR.  
UNIT 5  
EDGEWATER, FL 32132 US**



07112006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000570305  
07/14/06-80009-005 61.25

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*Patricia C Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-11-06 3864266040  
Date Daytime Phone #