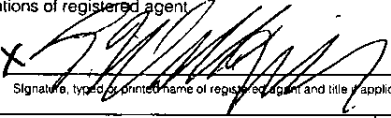
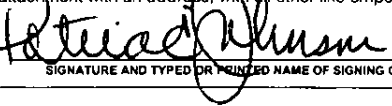


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 004 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 441 SKYWAY DR.		3. Mailing Address 441 SKYWAY DR.			
Suite, Apt. #, etc. UNIT 6		Suite, Apt. #, etc. UNIT 6			
City & State EDGEWATER FL		City & State EDGEWATER FL			
Zip 32132		Country US		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JOHNSON, PATRICIA C 441 SKYWAY DR. UNIT 5 EDGEWATER, FL 32132					
7. Name and Address of New Registered Agent Name WILKINSON, ED Street Address (P.O. Box Number is Not Acceptable) 441 SKYWAY DR UNIT 6 City EDGEWATER FL Zip Code 32132					
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  Edward F. Wilkinson, Pres. 04-04-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WILKINSON, ED				
STREET ADDRESS	441 SKYWAY DRIVE UNIT 6				
CITY-ST-ZIP	EDGEWATER, FL 32132				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WILKINSON, ED				
STREET ADDRESS	441 SKYWAY DR., UNIT 6				
CITY-ST-ZIP	EDGEWATER, FL				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	JOHNSON, PATRICIA C				
STREET ADDRESS	441 SKYWAY DRIVE UNIT 5				
CITY-ST-ZIP	EDGEWATER, FL 32132				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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:  PATRICIA C. JOHNSON 04-03-07 3864266040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04022007 Chg-NP CR2E037 (12/06)