2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N30253

Entity Name: AERO PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

441 SKYWAY DR.
UNIT 6
EDGEWATER, FL 32132 US

New Principal Place of Business:

441-A SKYWAY DRIVE
UNIT 1
EDGEWATER, FL 32132 US

Current Mailing Address:

441 SKYWAY DR.
UNIT 6
EDGEWATER, FL 32132 US

New Mailing Address:

PO BOX 460
NEW SMYRNA BEACH, FL 32170 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, ED
441 SKYWAY DR.
UNIT 6
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILKINSON, ED
Address: 441 SKYWAY DRIVE UNIT 6
City-St-Zip: EDGEWATER, FL 32132

Title: PD ( ) Delete
Name: WILKINSON, ED
Address: 441 SKYWAY DR., UNIT 6
City-St-Zip: EDGEWATER, FL

Title: STD (X) Delete
Name: JOHNSON, PATRICIA C
Address: 141 SKYWAY DRIVE, UNIT 3
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POWELL, C R
Address: PO BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: VP (X) Change ( ) Addition
Name: WILKINSON, ED
Address: 441-A SKYWAY DRIVE, UNIT 6
City-St-Zip: EDGEWATER, FL 32132 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: C R POWELL P 02/19/2009

Electronic Signature of Signing Officer or Director — Date