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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31387 (6)
1. Corporation Name
AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O RONALD WENZEL
18705 MACH ONE DRIVE
FORT PIERCE FL 34988-0211**

3. Date Incorporated or Qualified **03/27/1989** 3a. Date of Last Report **02/17/1994**
4. FEI Number **65-0142437** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **18607 MACH ONE DRIVE** 26 **c/o Louis Cicalese**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Fort Pierce FL** 27 **18607 Mach One Drive**
City & State City & State
23 **34988** 28 **Fort Pierce FL**
Zip Country Zip Country
24 **USA** 29 **34988-3211** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WENZEL, RONALD D.
C/O AERO ACRES
18705 MACH ONE DRIVE
FORT PIERCE FL 34988-0211**

10. Name and Address of New Registered Agent
81 Name **CICALESE, LOUIS**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o AERO ACRES POA, INC.
83 **18607 MACH ONE DRIVE**
84 City **FORT PIERCE** FL 85 Zip Code **34988**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Louis Cicalese* DATE **4/18/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELSETH, CRAIG 18602 MACH ONE DRIVE FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, VERWAYNE L 18506 MACH ONE DR FORT PIERCE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENZEL, RONALD 18705 MACH ONE DRIVE FORT PIERCE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	President/Director CICALESE, LOUIS 18605 MACH ONE DRIVE FORT PIERCE FL 34988-3211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis Cicalese* DATE **4/18/95** (40) 489-6174
Signature and typed or printed name of signing officer or director