FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

•	1996	7 500	TEE!	DIVISION OF CORPORATIONS								
DOCUI	MENT #	N3138	37	(6)								
,		PERTY OWNE	RS ASS	OCIATION, INC								
Principal Place of Business Mailing Address								\dashv	#		idil Oleli Didil	DION DION DER
18607 MACH ONE DRIVE				C/O LOUIS CICALESE								
18705 MACH ONE DRIVE FT. PIERCE FL 34988				18607 MACH ONE DRIVE FT. PIERCE FL 34968-3211								
US		US	us					3. Date Incorporated or Qualified 3a. D			Oate of Last Report 04/26/1995	
2. Principal Pla	ace of Business	2 a.	2a. Mailing Address					4. FEI Number			Applied For	
21 1860	1 Mach UN	26					\perp	65-0142437 Not Applicable				
Suite, Apt. i	#, etc.	<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
City & State	9		City & State				-	Election Campaign Financing		<u>-</u>	Required	
23		28	· · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	25	Country	29	Zip	Cou	intry			8. This corporation has liability for it			199.032,
14		Address of Curre		ered Agent	30	Γ			Florida Statutes 0. Name and Address of New R	Yes a	•	
	···					81	Name				7.9	
	E, LOUIS					82	Street Add	dress	(P.O. Box Number is Not Acceptable	e)		
C/O AERO ACRES POA, INC 18607 MACH ONE DRIVE						83			·			
	CE FL 34988				03							
THE HEROE TE 04300						City			FL	85 Zip	p Code	
11. Pursuant t	to the provisions o	f Sections 617.050	2 and 617.	1508, Florida Statute	s, the abo	ve-r	named corpo	oration	submits this statement for the purp			egistered office
familiar wit	th, and accept the	obligations of, Sec	tion 617.0	503, Florida Statutes	ea by the t	corp	oration's bo	ard of	directors. Thereby accept the appo	intment a	s registered	agent. I am
SIGNATURE _	S anali n. Israed or post	ed name of registered ager		1								
12.	ognatie, typed or printe	OFFICERS AN			13.	Agen	it signature requi-	red whe	n reinstating) ADDITIONS "CHANGES TO OFFI	DATE CERS AN	D DIRECTO)BS IN 12
TITLE	D			DELETE	- 117)	TLE	T	•			Change	Addition
NAME	HELSETH, C 18602 MACH				1 2 N/	4ME						
STREET ADDRESS CITY-ST-ZIP	FT. PIERCE I						ADDRESS					
TITLE	D			DELETE	2 1 TI		1 - ZIP				Change	☐ Addition
NAME	OWEN, VERV				2 2 NA	AME					onungo	
STREET ADDRESS	18506 MACH				2 3 S1	REET	ADDRESS					
CITY-ST-ZIP TITLE	FORT PIERCI PD	t FL		DELETE			S1-ZIP		·		F7.0:	
NAME	CICALESE, L	ouis		Doctete	3 1 TI						Change	Addition
STREET ADDRESS	18605 MACH	ONE DRIVE					ADDRESS					
CiTY-ST-ZIP	FT. PIERCE I	L			34 C	ITY - S	i - ZIP					
TITLE				DELETE	4.1 Ti						Change	Addition
NAME STREET ADDRESS					4.2 N		ADOBECC					
CIY-SI-ZP					4.4 CI		ADDRESS T-ZIP					
TITLE				DELETE	5 1 Ti						Change	Addition
NAME					5 2 NA	ME						
STREFF ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	5 4 CI		I - ZIP				Change	Addition
NAME					6 2 NA						onlingo	
STREET ADDRESS				~~ <u>1</u>	6381	REET	ADDRESS					
City-\$1-ZiP	v certify that the in	formation supplied	With this 61	ing ie volunteritus	64 C)	IY-S	T-ZIP	for st		3000		
				ing is voluntarily furnion or supplemental annu- the receiver or trustee chine it with an addre		does s tru red t	s not qualify e and accur o execute th	ror the rate ar nis rep	e exemption stated in Section 119.0 Id that my signature shall have the soort as required by Chapter 617, Flo	i7(3)(k), Fli iame legal rida Statu	orida Statute Leffect as if tes; and tha	es. I further made under at my name
SIGNAT	URE:	NATURE AND THE O	A PRINTEO N	ME OF SIGNING OFFICE	ON DIRECT	OR			2/10/96	ı	Daytime Phone #	,