

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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.



Principal Place of Business

Mailing Address

**18607 MACH ONE DRIVE
18705 MACH ONE DRIVE
FT. PIERCE FL 34988
US**

**C/O LOUIS CICALES
18607 MACH ONE DRIVE
FT. PIERCE FL 34988-3211
US**

3. Date Incorporated or Qualified
03/27/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 18607 Mach One Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0142437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CICALES, LOUIS
C/O AERO ACRES POA, INC
18607 MACH ONE DRIVE
FT. PIERCE FL 34988**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
NAME
HELSETH, CRAIG
STREET ADDRESS
18602 MACH ONE DRIVE
CITY-ST-ZIP
FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
OWEN, VERWAYNE L
STREET ADDRESS
18506 MACH ONE DR
CITY-ST-ZIP
FORT PIERCE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
NAME
CICALES, LOUIS
STREET ADDRESS
18605 MACH ONE DRIVE
CITY-ST-ZIP
FT. PIERCE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE: *Louis Cicala*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96
Date

Daytime Phone #

CR2E037 (12/95)