


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90035 010 \*\*\*\*61.25

0081423

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N31387**

1. Corporation Name  
**AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 349883234 FT. PIERCE FL 34988 US	Mailing Address C/O LOUIS CICALEASE 18607 MACH ONE DRIVE FT. PIERCE FL 34988-234 US
---	---



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/27/1989
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 65-0142437
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **PATRICIA A. WENZEL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**AERO ACRES POA INC.**  
 83 **18607 MACH ONE DRIVE**  
 84 City **FORT PIERCE** FL 85 Zip Code **34988-5234**

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 *Patricia A. Wenzel* **PATRICIA A. WENZEL Secretary-Treasurer** 3-4-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WENZEL, PRATRICIA A	
STREET ADDRESS	18705 MACH ONE DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34988-3235	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CICALEASE, LOUIS	
STREET ADDRESS	18505 KITTY HAWK CT	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WENZEL, RONALD	
STREET ADDRESS	18705 MACH ONE DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEARL, ARTHUR	
STREET ADDRESS	18505 MACH ONE DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34988-5235
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT-DIRECTOR
4.3 STREET ADDRESS	PEARL, ARTHUR J. 18505 MACH ONE DRIVE
4.4 CITY-ST-ZIP	FORT PIERCE FL 34988
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT-DIRECTOR
5.3 STREET ADDRESS	GRUNER, MILTON L. 18601 MACH ONE DRIVE
5.4 CITY-ST-ZIP	FORT ST. LUCIE FL 34988
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	ROBINSON, S.M. BORIS 4215 NORTH AIA
6.4 CITY-ST-ZIP	FORT PIERCE FL 34949

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Patricia A. Wenzel* **PATRICIA A. WENZEL** 3-4-99 561 595-9667  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)