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Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris 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 CICALES 18607 MACH ONE DRIVE FT. PIERCE FL 34988-234 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0142437	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

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 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**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME ST WENZEL, PRATRICIA A STREET ADDRESS 18705 MACH ONE DRIVE CITY-ST-ZIP FORT PIERCE FL 34988-3235				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME PD CICALES, LOUIS STREET ADDRESS 18505 KITTY HAWK CT CITY-ST-ZIP FT. PIERCE FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME D WENZEL, RONALD STREET ADDRESS 18705 MACH ONE DR CITY-ST-ZIP FT PIERCE FL				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			
TITLE <input type="checkbox"/> DELETE NAME VD PEARL, ARTHUR STREET ADDRESS 18505 MACH ONE DR CITY-ST-ZIP FT PIERCE FL				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME PEARL, ARTHUR J. 4.3 STREET ADDRESS 18505 MACH ONE DRIVE 4.4 CITY-ST-ZIP FORT PIERCE FL 34988			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME GRUNER, MILTON L. 5.3 STREET ADDRESS 18601 MACH ONE DRIVE 5.4 CITY-ST-ZIP PORT ST. LUCIE FL 34988			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME ROBINSON, S.M. BORIS 6.3 STREET ADDRESS 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 (11/98)