

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90060 010 ****61.25

DOCUMENT # N31387

1. Entity Name

AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

349883234
 FT. PIERCE FL 34988
 US

C/O LOUIS CICALESE
 18607 MACH ONE DRIVE
 FT. PIERCE FL 34987-3234
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0142437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENZEL, PATRICIA A
 AERO ACRES POA INC
 18607 MACH ONE DRIVE
 FT. PIERCE FL 34988

Name **Leslie M. Graham**
 Street Address (P.O. Box Number is Not Acceptable)
Aero Acres Airpark POA, Inc.
18607 Mach One Drive
 City **Port St. Lucie** FL Zip Code **34987**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Leslie M. Graham*

5-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** Delete
 NAME **WENZEL, PRATRICIA A**
 STREET ADDRESS **18705 MACH ONE DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL 34988-3235**

TITLE **ST** Change Addition
 NAME **Leslie M. Graham**
 STREET ADDRESS **18701 Mach One Drive**
 CITY-ST-ZIP **Port St. Lucie, FL 34987**

TITLE **D** Delete
 NAME **WENZEL, RONALD**
 STREET ADDRESS **18705 MACH ONE DR**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** Change Addition
 NAME **BeBe Owen**
 STREET ADDRESS **18506 Mach One Drive**
 CITY-ST-ZIP **Port St. Lucie, FL 34987**

TITLE **P** Delete
 NAME **PEARL, ARTHUR**
 STREET ADDRESS **18505 MACH ONE DR**
 CITY-ST-ZIP **FT PIERCE FL**

Change Addition

TITLE **VPD** Delete
 NAME **MILTON, GRUNER**
 STREET ADDRESS **18601 MACH ONE DR**
 CITY-ST-ZIP **PT ST LUCIE FL**

Change Addition

TITLE **D** Delete
 NAME **ROBINSON, SM BORIS**
 STREET ADDRESS **4215 N A1A**
 CITY-ST-ZIP **FT PIERCE FL**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie M. Graham* **5-1-00** **561-460-5800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)