

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31387**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0142437

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, LESLIE M
AERO ACRES POA INC
18607 MACH ONE DRIVE
PORT SAINT LUCIE FL 34987**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	T	<input type="checkbox"/> Delete
NAME	GRAHAM, LESLIE M	
STREET ADDRESS	18705 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Cicalese	
STREET ADDRESS	18505 Kitty Hawk Court	
CITY-ST-ZIP	Port St. Lucie, FL 34987	

TITLE	S	<input type="checkbox"/> Delete
NAME	BURSON, BETTIE	
STREET ADDRESS	18602 KITTY HAWK COURT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Bowen	
STREET ADDRESS	18606 Kitty Hawk Court	
CITY-ST-ZIP	Port St. Lucie, FL 34987	

TITLE	D	<input type="checkbox"/> Delete
NAME	AZIERE, RICHARD	
STREET ADDRESS	18605 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILTON, GRUNER	
STREET ADDRESS	18601 MACH ONE DR	
CITY-ST-ZIP	PT ST LUCIE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GASPER, ANDREW JR	
STREET ADDRESS	18604 TRANQUILITY BASE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 561-460-5600

CR2E037 (9/01)