

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90062 048 ****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 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

4. FEI Number

65-0142437

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.25

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 Delete
 NAME **GRAHAM, LESLIE M**
 STREET ADDRESS **18705 MACH ONE DRIVE 18701**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

TITLE Change Addition
 NAME **VPD Louis Cicalese**
 STREET ADDRESS **18505 Kitty Hawk Court**
 CITY-ST-ZIP **Port St. Lucie, FL 34987**

S Delete
 NAME **BURSON, BETTIE**
 STREET ADDRESS **18602 KITTY HAWK COURT**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

D Change Addition
 NAME **Steven Bowen**
 STREET ADDRESS **18606 Kitty Hawk Court**
 CITY-ST-ZIP **Port St. Lucie, FL 34987**

D Delete
 NAME **AZIERE, RICHARD**
 STREET ADDRESS **18605 MACH ONE DRIVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

Change Addition

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

Change Addition

D Delete
 NAME **GASPER, ANDREW JR**
 STREET ADDRESS **18604 TRANQUILITY BASE LANE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

Change Addition

Delete

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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 561-460-5600

Date

Daytime Phone #

CR2E037 (9/01)