

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 046 ****61.25

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03192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N31387 1. Entity Name AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 349883234 PORT ST. LUCIE, FL 34987 US			Mailing Address 18607 MACH ONE DRIVE PORT ST. LUCIE, FL 34987 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0142437	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORNETT, JANE CORNETT, GOUGE & ASSOCIATES, PA 401 SE OSCEOLA STREET STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, DIANE L 18502 MACH ONE DRIVE PORT SAINT LUCIE, FL 34987		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Azieke, Richard G. 18605 MACH ONE DR Port St Lucie, FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURSON, BETTIE 18602 KITTY HAWK COURT PORT SAINT LUCIE, FL 34987		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holder, Thomas C. 18602 KITTY HAWK CT Port ST Lucie, FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENCIVENGA, LAUREL 18601 MACH ONE DR PORT SAINT LUCIE, FL 34987		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, BERTHA 18506 MACH ONE DR PORT SAINT LUCIE, FL 34987		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUIT, CLYDE 18501 TRANQUILITY BASE LANE PORT SAINT LUCIE, FL 34987		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSBY, JAMES 18701 KITTY HAWK COURT PORT SAINT LUCIE, FL 34987		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bertha C. Owen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/19/07 772-596-9562 Date Daytime Phone #		