


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

00026029



03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 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
CORNETT, JANE
CORNETT, GOOGE & 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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	STEWART, DIANE L	
STREET ADDRESS	18502 MACH ONE DRIVE	
CITY-ST-ZIP	PORT SAINT 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"/> Delete
NAME	BENCIVENGA, LAUREL	
STREET ADDRESS	18601 MACH ONE DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, BERTHA	
STREET ADDRESS	18506 MACH ONE DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUIT, CLYDE	
STREET ADDRESS	18501 TRANQUILITY BASE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSBY, JAMES	
STREET ADDRESS	18701 KITTY HAWK COURT	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Azielle, Richard G.	
STREET ADDRESS	18605 MACH ONE DR	
CITY-ST-ZIP	Port St Lucie, FL 34987	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nolde, Thomas C.	
STREET ADDRESS	18602 KITTY HAWK CT	
CITY-ST-ZIP	Port ST Lucie, FL 34987	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Bertha C. Owen **3/19/07** **772-696-9862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #