


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90033 050 \*\*\*\*61.25

<b>DOCUMENT # N31387</b>			
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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0142437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNETT, JANE CORNETT, GOUGE & ASSOCIATES, PA 401 SE OSCEOLA STREET STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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, 2008		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	
T NAME: STEWART, DIANE L STREET ADDRESS: 18502 MACH ONE DRIVE CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	T NAME: BEERS, JUNE L. STREET ADDRESS: 18704 KITTY HAWK COURT CITY-ST-ZIP: PORT ST. LUCIE, FLORIDA 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: BURSON, BETTIE STREET ADDRESS: 18602 KITTY HAWK COURT CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	S NAME: LECATES, ANNE STREET ADDRESS: 18601 KITTY HAWK COURT CITY-ST-ZIP: PORT ST. LUCIE, FLORIDA 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: BENCIVENGA, LAUREL STREET ADDRESS: 18601 MACH ONE DR CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	D NAME: GRAHAM, HERBERT B. STREET ADDRESS: 18701 MACH ONE DRIVE CITY-ST-ZIP: PORT ST. LUCIE, FLORIDA 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: OWEN, BERTHA STREET ADDRESS: 18506 MACH ONE DR CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: SUIT, CLYDE STREET ADDRESS: 18501 TRANQUILITY BASE LANE CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: AZIERC, RICHARD G STREET ADDRESS: 18605 MACH ONE DR CITY-ST-ZIP: PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jane L. Beers</u>		Date: <u>JUNE L. BEERS</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>(772) 595-3016</u>	

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