

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-25-2008 90033 050 ****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

40030475



02082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

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

CORNETT, JANE
CORNETT, GOUGE & ASSOCIATES, PA
401 SE OSCEOLA STREET
STUART, FL 34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete
NAME **STEWART, DIANE L**
STREET ADDRESS **18502 MACH ONE DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34987**

TITLE **T** ☐ Change ☒ Addition
NAME **BEERS, JUNE L.**
STREET ADDRESS **18704 KITTY HAWK COURT**
CITY-ST-ZIP **PORT ST. LUCIE, FLORIDA 34987**

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

TITLE **S** ☐ Change ☒ Addition
NAME **LECATES, ANNE**
STREET ADDRESS **18601 KITTY HAWK COURT**
CITY-ST-ZIP **PORT ST. LUCIE, FLORIDA 34987**

TITLE **D** ☒ Delete
NAME **BENCIVENGA, LAUREL**
STREET ADDRESS **18601 MACH ONE DR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34987**

TITLE **D** ☐ Change ☒ Addition
NAME **GRAHAM, HERBERT B.**
STREET ADDRESS **18701 MACH ONE DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE, FLORIDA 34987**

TITLE **P** ☐ Delete
NAME **OWEN, BERTHA**
STREET ADDRESS **18506 MACH ONE DR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34987**

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SUIT, CLYDE**
STREET ADDRESS **18501 TRANQUILITY BASE LANE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34987**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AZIERC, RICHARD G**
STREET ADDRESS **18605 MACH ONE DR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34987**

TITLE **VP** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE L. BEERS

Date

Daytime Phone #

(772) 595-3016