2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31387

FILED Feb 09, 2009 Secretary of State

Entity Name: AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
349883234 PORT ST.	LUCIE, FL 3498	37 US	349883234 18607 MAC ON PORT ST. LUC		
Current Mailing Address:			New Mailing A	New Mailing Address:	
	CH ONE DRIVE LUCIE, FL 3498	37 US	349883234 18607 MAC ON PORT ST. LUC		
FEI Number:	65-0142437	FEI Number Applied For ()	FEI Number Not Applicable	e () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Add	Iress of New Registered Agent:	
401 SE OS STUART, F The above	, GOOGE & ASS CEOLA STREE FL 34994 US named entity su	T	urpose of changing its re	gistered office or registered agent, or both,	
n the State	of Florida.				
SIGNATUF		Signature of Registered Age	nt	Data	
				Date	
OFFICERS	S AND DIRECTO	DRS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	T () D BEERS, JUNE L 18704 KITTY HAV PORT SAINT LUC	VK COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D LECATES, ANNE 18602 KITTY HAV PORT SAINT LUC	VK COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D GRAHAM, HERBE 18601 MACH ONE PORT SAINT LUC	ERT B E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () D OWEN, BERTHA 18506 MACH ONE PORT SAINT LUC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D SUIT, CLYDE 18501 TRANQUIL PORT SAINT LUC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP () D AZIERC, RICHAR 18605 MACH ONI PORT SAINT LUC	E DR	Address: 186	(X) Change () Addition ERE, RICHARD G 05 MACH ONE DR RT SAINT LUCIE, FL 34987	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE L. BEERS T 02/09/2009