

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90093 017 \*\*\*\*61.25

UC-590103

**DOCUMENT # N31387**

1. Entity Name  
**AERO ACRES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**349883234**      **C/O LOUIS CICALESE**  
**FT. PIERCE FL 34988**      **18607 MACH ONE DRIVE**  
**US**      **FT. PIERCE FL 34988-234**  
      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0142437**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GRAHAM, LESLIE M**  
**AERO ACRES POA INC**  
**18607 MACH ONE DRIVE**  
**PORT SAINT LUCIE FL 34987**

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

**FILE NOW: FEE IS \$61.25**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, LESLIE M</b>	
STREET ADDRESS	<b>18701 MACH ONE DRIVE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34987</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BURSON, BETTIE</b>	
STREET ADDRESS	<b>18602 KITTY HAWK COURT</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34987</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AZIERE, RICHARD</b>	
STREET ADDRESS	<b>18605 MACH ONE DRIVE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34987</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILTON, GRUNER</b>	
STREET ADDRESS	<b>18601 MACH ONE DR</b>	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GASPER, ANDREW JR</b>	
STREET ADDRESS	<b>18604 TRANQUILITY BASE LANE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34987</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BOWEN, STEVEN</b>	
STREET ADDRESS	<b>18606 KITTY HAWK COURT</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34987</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input 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		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Clyde E. Suit</b>	
STREET ADDRESS	<b>18501 Tranquility Base Lane</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34987</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Boris Robinson</b>	
STREET ADDRESS	<b>18707 Tranquility Base Lane</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34987</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John R. Stephenson</b>	
STREET ADDRESS	<b>18507 Mach One Drive</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34987</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Randy W. Berry</b>	
STREET ADDRESS	<b>18502 Tranquility Base Lane</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34987</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **REQUIRED**      3/10/03      772-460-5600

CR2E037 (10/02)