## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42826

FILED Aug 07, 2005 Secretary of State

Entity Name: BREVARD AVIATION ASSOCIATION, INC.

3601 S BANANA RIVER BLVD #A503

( ) Delete

3740 OCEAN BEACH BLVD #301

COCOA BEACH, FL 32931

COCOA BEACH, FL 32931

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

TD

MAY, CARL

**Current Principal Place of Business: New Principal Place of Business:** % TONY YACONO 900 AIRPORT RD MERRITT ISLAND, FL 32952 **New Mailing Address: Current Mailing Address:** % TONY YACONO 900 AIRPORT RD MERRITT ISLAND, FL 32952 FEI Number: 59-3092680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YACONO, TONY 900 AIRPORT RD MERRITT ISLAND, FL 32952 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HALL, CATHERINE YACONO, TONY Name: Name: 4020 FENNER RD Address: 973 SOUTH TROPICAL TRAIL Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: MERRITT ISLAND, FL 32952 Title: VD Title: VD ( ) Delete (X) Change ( ) Addition Name: WHITE, DON Name: YON, TED Address: 818D BRITTANT DR Address: 402 BLAKEY BLVD. City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: SD (X) Change ( ) Addition MARTIN, SHARON DR. WASIM, NIAZI Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

111 LONGWOOD AVE.

ROCKLEDGE, FL 32955

() Change () Addition

SIGNATURE: TONY YACONO PD 08/07/2005