## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

1996

SIGNATURE:

N42887 DOCUMENT #

(2)

BOB SIKES CUT AND AIRPORT PROPERTY OWNERS' ASSOC IATION, INC.

IATION,	INC.									
Principal Place	of Business	Mailing Address				F (4004110) (\$10 01010 1100) (814) (811) (8	Bt 01011 01011 C	1911 81811 8		
5420 LBJ		5420 LBJ FREEWAY								
STE. 626		STE 626								
DALLAS TX 75 US	5240	DALLAS TX 75240 US				3. Date Incorporated or Qualified 3a. Date of Last Report				
00		00				04/09/1991	03	1/02/19	195	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	.d	A	oplied For	
21		26	·			75-2434657			lot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Require				
City & State	1	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	<b>├</b> ─ `			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Cou			B. This corporation has liability for inl	angible tax	under s.	199.032,	
24	25 29 3					Florida Statutes 🔲 Yes 🙀 No				
	9. Name and Address of Curren	it Registered Agent		-		10. Name and Address of New Re	gistered Ag	ent		
				81	Name					
	S, CHARLES A.			82	Street Add	fress (P.O. Box Number is Not Acceptable	)			
	RTH GADSDEN STREET		}							
TALLAHA	SSEE FL 32303			83						
				84	City		FL	<b>85</b> Zip	Code	
11 Purculant to	a the provisions of Sections 617 0500	and 617 1508 Florida Statut	es the ahr	l l	amed corno	pration submits this statement for the purp	se of charv	nino its re	oistered offic	
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the -	corpo	oration's boa	ard of directors. Thereby accept the appoin	ntment as re	gistered	agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered	l Agent	l signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TO Change Addition			
TITLE	DST	DELETE	1.1 T	1.1 TITLE		O.M.	₩.	Change	☐ Addition	
NAME	WEART, VICKI D.			1.2 NAME		ST				
STREET ADDRESS	5420 LBJ FREEWAY STE 626			TREET	ADDRESS					
CITY-ST-ZIP	DALLAS TX			ity-Si	T - ZIP				- <del> </del>	
TITLE	DP ALUE OF OPEN	DELETE				CDP	ιχ	Change	☐ Addition	
NAME	MAHR, GEORGE J.			AME						
STREET ADDRESS	5420 LBJ FREEWAY STE 626		1	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	DV DELETE			CITY-S ITLE	I - ZIP			Change	Addition	
NAME	ARMISTEAD, WALTER	Detter	32 N					Ottalings	[_] Addition	
STREET ADDRESS	BOX 2 N/A				ADDRESS					
CITY-ST-ZIP	ST GEORGE ISLAND FL			OTY-S						
TITLE		DELETE	417		١,	D		Change	XAddition	
NAME		_	4 21	NAME		Kenneth G. Fish 517 E. Private Roa St. George Island,		•		
STREET ADDRESS			4.3 \$	TREET	ADDRESS :	517 E. Private Roa	d Et	2225	Ω	
CITY-ST-ZIP			440	HTY-SI	T-ZIP	st. George Island,	ъъ	3232	: O	
TITLE		DELETE	51 T	ITLE				Change	Addition	
NAME			52 N	AME						
STREET ADDRESS			538	TREET.	ADDRESS					
CITY-ST-ZiP		——————————————————————————————————————		ITY-SI	T-ZIP					
TITLE		DELETE	□DELETE 61T			☐ Cha		Change	Addition	
NAME			62 N		]					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	y cortify that the information europlied	with this filing is valuntarily for		does		for the exemption stated in Section 119.0	7/3)/(k) Florid	a Statuti	as I further	
certify that oath; that I	the information indicated on this annu	ual report or supplemental annoration or the receiver or truste	ual report e empowe	is tru	e and accur	Tale and that my signature shall have the shis report as required by Chapter 617, Flor	ame legal ef	fect as if	made under	

F SIGNING OFFICER OR DIRECTOR

0000 - 01/1 (AIR) 1996 JOHN PRO 10/11