

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005183

1. Entity Name

ORMOND HANGAR OWNERS ASSOCIATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90060 028 ****61.25

0008713

Principal Place of Business Mailing Address
3 AVIATOR WAY 3 AVIATOR WAY
SUITE D SUITE D
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174

2. Principal Place of Business 3. Mailing Address
528 N. Halifax Avenue 528 N. Halifax Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Daytona Beach, FL Daytona Beach, FL 59-3169887 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
32118 USA 32118 USA Fee Required

6. Name and Address of Current Registered Agent

NEWSLOW, JAMES A
3 AVIATOR WAY
SUITE D
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name PETER KEATING
Street Address (P.O. Box Number is Not Acceptable)
528 N. Halifax Avenue
City Daytona Beach FL Zip Code 32118

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.

SIGNATURE

Peter Keating

4/24/01

PETER KEATING - President/Treasurer/Director

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, BILL	
STREET ADDRESS	3 SUNSHINE BOULEVARD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEWSLOW, JAMES A	
STREET ADDRESS	3 AVIATOR WAY, SUITE D	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, R. MICHAEL	
STREET ADDRESS	687 BEVILLE ROAD STE A	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER KEATING	
STREET ADDRESS	528 N. Halifax Avenue	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LEMKE	
STREET ADDRESS	770 Airport Road #13	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN THOMPSON	
STREET ADDRESS	770 Airport Road #7	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID CANETTI	
STREET ADDRESS	465 Palm Avenue	
CITY-ST-ZIP	Ormond Beach, FL 32174	
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		

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:

Peter Keating
PETER KEATING

4/24/01 (386) 252-8891

Date

CR2E037 (10/00)