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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005681

1. Corporation Name

FLORIDA PRIVATE AIRPORTS ASSOCIATION, INC.

465934-90051-47

Principal Place of Business

625 LAKESHORE BLVD.
KISSIMMEE FL 34744

Mailing Address

625 LAKESHORE BLVD.
KISSIMMEE FL 34744



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-3288249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PHILLIPS, R P
200 N. THORNTON AVE.
ORLANDO FL 32801-2164

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BELL, CHARLES
STREET ADDRESS 5971 SE 158TH CT.
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE D ☐ DELETE
NAME GOOLSBY, JIM
STREET ADDRESS STAR RT. 1, BOX 153 C
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE DP ☐ DELETE
NAME SESSIONS, RAY
STREET ADDRESS 625 LAKESHORE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE DST ☐ DELETE
NAME DREWNIAKY, FRANK
STREET ADDRESS 971 SAN PEDRO AVE.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D ☐ DELETE
NAME HIGHLEY, BOB
STREET ADDRESS 4175 MEDULLA RD
CITY-ST-ZIP LAKE LAND FL 33811

TITLE D ☐ DELETE
NAME TAYLOR, SANDRA
STREET ADDRESS 1 C AIRWAY
CITY-ST-ZIP PANAMA CITY FL 32404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOB HIGHLEY
BOB HIGHLEY

4-29-99

941-644-2431

CR2E037 (11/98)