

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

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Corporation Name

THE 55TH STRAT RECON WING ASSOCIATION, INC.

Principal Place of Business

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

Mailing Address

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541



Principal Place of Business 6441 AVE DE BALVEZ	2a. Mailing Address 6441 AVE DE BALVEZ	3. Date Incorporated or Qualified 02/08/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3303017
City & State NAVARRE, FL	City & State NAVARRE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32566-8929	Zip 32566-8944	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WATERS, CHARLES E
151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name ERROL HOBERMAN
82 Street Address (P.O. Box Number is Not Acceptable) 6441 AVE DE BALVEZ
83
84 City NAVARRE, FL
85 Zip Code 32566

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	<input type="checkbox"/> DELETE HOBERMAN, ERROL 6690 AVENIDA CODORNIZ NAVARRE FL 32566	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VPD	<input type="checkbox"/> DELETE HOOVER, ROBB 3308 LYNNWOOD DRIVE BELLEVUE NE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE WATERS, CHARLES E 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE PIZZO, SAMUEL 218 NOTTOWAY DRIVE MANDEVILLE LA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
SD	<input type="checkbox"/> DELETE WHITE BENJAMIN L. BOX 2406 OCAN SANDS COROLLA NC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE MOORE, MAX R. 201 BASSWOOD COURT BELLEVUE NE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: **ERROL HOBERMAN** **850 939 5231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2 OCT 1999** Daytime Phone #

CR2E037 (1/98)