

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000005524

1. Corporation Name

PALM BEACH AERO CLUB ASSOCIATION, INC.

Principal Place of Business

591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

Mailing Address

591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90133 040 ****61.25

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2. Principal Place of Business

21 8193 WATERLINE DR

2a. Mailing Address

26 8193 WATERLINE DR

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

11/20/1995

Suite, Apt. #, etc.

22

4. FEI Number

65-0630261

Applied For

Not Applicable

City & State

23 Boynton Beach FL

Zip

24 33437

Country

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City & State

28 Boynton Beach FL

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5. Certificate of Status Desired

□

\$8.75 Additional

Fee Required

6. Election Campaign Financing

□

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

HANDEGARD, CHRIS
591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

81 Name IRWIN GOLDBERG

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

8193 WATERLINE DR

83

84 City Boynton Beach FL

85 Zip Code 33437

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 *Irwin Goldberg, Inc.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	□ DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDEGARD, CHRIS		1.2 NAME
STREET ADDRESS	165 PLUMAGE LANE		1.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, CHUCK		2.2 NAME
STREET ADDRESS	5928 ORANGE RD		2.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33413		2.4 CITY-ST-ZIP
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, STEVEN		3.2 NAME
STREET ADDRESS	1501 FOREST HILL BLVD, #102		3.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4. CITY-ST-ZIP
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCHETTO, PETER		4.2 NAME
STREET ADDRESS	591 TOCCOA RD		4.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33413		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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: *Irwin Goldberg, Inc.* *Irwin Goldberg, Inc.* 3/8/99 561 736 0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (1198)