

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 22, 1999 8:00 am
Secretary of State

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

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~~



2. Principal Place of Business

21 8193 WATERLINE DR

Suite, Apt. #, etc.

22

City & State

23 BOYNTON BEACH FL

Zip

24 33437

Country

2a. Mailing Address

26 8193 WATERLINE DR

Suite, Apt. #, etc.

27

City & State

28 BOYNTON BEACH FL

Zip

29 33437

Country

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

65-0630261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

IRWIN GOLDBERG

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

8193 WATERLINE DR

83

10

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**

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

(NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD HANDEGARD, CHRIS**
STREET ADDRESS **165 PLUMAGE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☒ DELETE

NAME **VD RUTH, CHUCK**
STREET ADDRESS **5928 ORANGE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☒ DELETE

NAME **SD HARRIS, STEVEN**
STREET ADDRESS **1501 FOREST HILL BLVD, #102**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ DELETE

NAME **TD MOSCHETTO, PETER**
STREET ADDRESS **591 TOCCOA RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ DELETE

NAME **NAME**
STREET ADDRESS **STREET ADDRESS**
CITY-ST-ZIP **CITY-ST-ZIP**

TITLE ☐ DELETE

NAME **NAME**
STREET ADDRESS **STREET ADDRESS**
CITY-ST-ZIP **CITY-ST-ZIP**

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: **IRWIN GOLDBERG** **3/8/99** **561 736 0163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)