FILED
Sep 09, 2002 8:00 am
Secretary of State
09-09-2002 90007 016 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000165

1. Entity Name
VINCE'S AIRPORT CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3950 Placid View Drive	6611 Pine Tree Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: West Palm Bch, FL
Zip: 33852 Country: USA	Zip: 33406 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0752918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATTERSON, CLYDE

Street Address (P.O. Box Number is Not Acceptable): 109 Orange Road NW

City: Lake Placid FL Zip Code: 33852

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 _____ DATE _____
Signature, type or printed name of registered agent and date as applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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	P
NAME	Arch, Fred
STREET ADDRESS	8840 Jefferson Ave.
CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	T
NAME	Blackwood, Tom
STREET ADDRESS	6611 Pinetree Circle
CITY-ST ZIP	West Palm Beach, FL 33406
TITLE	D
NAME	Franzone, John
STREET ADDRESS	16150 Bay Point Blvd B101
CITY-ST-ZIP	North Fort Myers, FL 33917
TITLE	VD
NAME	Dassow, Edgar
STREET ADDRESS	117 Brentwood Dr
CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	SD
NAME	Patterson, Clyde
STREET ADDRESS	109 Orange Rd NW
CITY-ST-ZIP	Lake Placid, FL 33862
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Treasurer Tom Blackwood 9/6/02 (561) 965-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #