

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N97000000165

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



Principal Place of Business
**3950 PLACID VIEW DRIVE
LAKE PLACID, FL 33852 US**

Mailing Address
**3950 PLACID VIEW DRIVE
LAKE PLACID, FL 33852 US**



02092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0752918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETERS, TRACY
3950 PLACID VIEW DRIVE
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCH, FRED 8840 PLACID LAKES BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRONIN, JOHN 14139 PARADISE POINT RD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, TRACY 3950 PLACID VIEW DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZONE, JOHN 16150 BAY POINT BLVD, # B101 NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOEPPEL, PATRICIA 143 HARBOR DRIVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632489
02/21/07-80024-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Tracy Peters

Tracy Peters

2/9/07

863-465-3555