


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000165</b> 1. Entity Name <b>VINCE'S AIRPORT CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3950 PLACID VIEW DRIVE LAKE PLACID, FL 33852 US</b>	Mailing Address <b>3950 PLACID VIEW DRIVE LAKE PLACID, FL 33852 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0752918</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000021318 02/19/08-80019-013 61.25
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10. OFFICERS AND DIRECTORS

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

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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, Treasurer** 2/6/08 863-465-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #