2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N97000000165

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

Current Principal Place of Business:

3950 PLACID VIEW DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

3950 PLACID VIEW DRIVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 65-0752918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARCH, FRED
Address: 8840 PLACID LAKES BLVD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: V ( ) Delete
Name: CRONIN, JOHN
Address: 14139 PARADISE POINT RD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T ( ) Delete
Name: PETERS, TRACY
Address: 3950 PLACID VIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D ( ) Delete
Name: FRANZONE, JOHN
Address: 16150 BAY POINT BLVD, # B101
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: D ( ) Delete
Name: WOEPPEL, PATRICIA
Address: 143 HARBOR DRIVE
City-St-Zip: TAVERNIER, FL 33070 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY PETERS T 02/16/2009

Electronic Signature of Signing Officer or Director — Date