2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001202

1. Entity Name
VALKARIA AVIATION ASSOC. INC.

FILED
Mar 07, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2880 GREENBROOKE STREET VALKARIA, FL 32950	2880 GREENBROOKE STREET VALKARIA, FL 32950

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01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3488670
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IRVINE, ARTHUR
2301 OAKLYN STREET
PALM BAY, FL 32907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

U00000255110
03/07/05-80100-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IRVINE, ARTHUR
STREET ADDRESS	2301 OAKLYN ST
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VD
NAME	SOLDINI, JAMES
STREET ADDRESS	1594 ELMHURST CIRCLE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	TD
NAME	ROTGERS, GAIL
STREET ADDRESS	775 VALKARIA RD
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	SD
NAME	CURTIN, JOSEPH J
STREET ADDRESS	156 DRISKELL ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SAA
NAME	BOWMAN, STEVE
STREET ADDRESS	550 ESCARPMENT ST. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph J. Curtin 3/4/05 321-725-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH J. CURTIN