

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000001202

1. Entity Name

VALKARIA AVIATION ASSOC. INC.



Principal Place of Business

2880 GREENBROOKE STREET
VALKARIA FL 32950

Mailing Address

2880 GREENBROOKE STREET
VALKARIA FL 32950



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

IRVINE, ARTHUR
2301 OAKLYN STREET
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME IRVINE, ARTHUR
STREET ADDRESS 2301 OAKLYN ST
CITY-STATE-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME 11000000870431
STREET ADDRESS 04/09/08-80089-006 61.25
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME SOLDINI, JAMES
STREET ADDRESS 1594 ELMHURST CIRCLE SE
CITY-STATE-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD ☐ Delete
NAME ROTGERS, GAIL
STREET ADDRESS 775 VALKARIA RD
CITY-STATE-ZIP MALABAR FL 32950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME CURTIN, JOSEPH J
STREET ADDRESS 156 DRISKELL ST NE
CITY-STATE-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SAA ☐ Delete
NAME BOWMAN, STEVE
STREET ADDRESS 550 ESCARPE ST. SE
CITY-STATE-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Arthur Irvine ARTHUR IRVINE 3-12-08 321-298-5448