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Secretary of State

04-27-1999 90007 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002145					
1. Corporation Name RUNWAY 5-23 HANGAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3700 AIRPORT ROAD BOCA RATON FL 33431			Mailing Address 3700 AIRPORT ROAD BOCA RATON FL 33431		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0838290	
24 Country		29 Country		5. Certificate of Status Desired	
25		30 U.S.		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WANTSHOUSE, MARK 3700 AIRPORT ROAD BOCA RATON FL 33431				81 Name RICHARD H. GRESLOW 82 Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES ROAD 83 SUITE 245 84 City BOCA RATON FL 33431			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	WANTSHOUSE, MARK			1.2 NAME			
STREET ADDRESS	3700 AIRPORT ROAD			1.3 STREET ADDRESS			
CITY-STATE-ZIP	BOCA RATON FL 33431			1.4 CITY-STATE-ZIP			
TITLE	D	☒ DELETE		2.1 TITLE	Director	☐ Change ☒ Addition	
NAME	WHEELER, MICHAEL			2.2 NAME	Pamela Green		
STREET ADDRESS	3700 AIRPORT ROAD			2.3 STREET ADDRESS	400 Glades Rd., Suite 245		
CITY-STATE-ZIP	BOCA RATON FL 33431			2.4 CITY-STATE-ZIP	Boca Raton, FL 33431		
TITLE	D	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	FAREN, MICHAEL			3.2 NAME			
STREET ADDRESS	3700 AIRPORT ROAD			3.3 STREET ADDRESS			
CITY-STATE-ZIP	BOCA RATON FL 33431			3.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela J. Green

Date

Daytime Phone #

4-21-99

CR2E037 (11/98)