FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N98000002145 RUNWAY 5-23 HANGAR CONDOMINIUM ASSOCIATION, INC. 04-26-2001 90304 032 ****61.25 Principal Place of Business Mailing Address 3700 AIRPORT ROAD 1900 GLADES ROAD **BOCA RATON FL 33431** SUITE 245 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0838290 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired **Fee** Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRESLOW, RICHARD 1900 GLADES ROAD SUITE 245 City BOCA RATON FL 33431 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE CR2E037 (10/00) ☐ Change Addition PAGET, WES NAME NAME STREET ADDRESS 3730 NE 26TH AVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33064** CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change Addition DAVIS, KEN NAME NAME 3640 AIRPORT RD., #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Delete TITLE Change Addition ALTMAN, JOEL NAME NAME STREET ADDRESS 2201 CORPORATE BLVD., #200 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME Jeffrey S. Tennant 860 SW 20th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>Boca Raton, FL 33486</u> TITLE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 WES PAGET PRESIDENT / DI Rec

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR F INTERNAME OF SIGNING OFFICER OR DIRECTOR