



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90272 017 \*\*\*\*61.25

<b>DOCUMENT # N98000002145</b> 1. Entity Name <b>RUNWAY 5-23 HANGAR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3700 AIRPORT ROAD BOCA RATON, FL 33431</b>			Mailing Address <b>1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2255 Glades Rd. 321A</b>			
City & State		City & State <b>Boca Raton, Florida</b>			
Zip		Zip <b>33431</b>			
Country		Country <b>U.S.A.</b>			
4. FEI Number <b>65-0838290</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRESLOW, RICHARD M 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>Breslow, Richard H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2255 Glades Rd.</b> <b>Suite 321A</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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 <u><i>Richard H. Breslow</i></u> <b>RICHARD H. BRESLOW</b> <span style="float: right;">3-18-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKESHERER, JOHN 2649 FL BLVD. #213 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, KEN 3640 AIRPORT RD., #5 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNANT, JEFFREY S 860 SW 20TH STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>John Dukesherer</i></u> <b>John Dukesherer President</b> <span style="float: right;">9-12-05 561-368-1110</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					