

FROM

(WED) APR 26 20

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 006 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

60034121



DOCUMENT # N9800002145			
1. Entry Name RUNWAY 5-23 HANGAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3700 AIRPORT ROAD BOCA RATON, FL 33431		Mailing Address 2255 GLADES RD 321A BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0838290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESLOW, RICHARD M 2255 GLADES RD STE321A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name: BRESLOW, RICHARD H. Street Address (P.O. Box Number is Not Acceptable): 2255 GLADES RD. SUITE 321A City: BOCA RATON, FL Zip Code: 33431	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: DUKESHERER, JOHN STREET ADDRESS: 2649 FL BLVD, #213 CITY-ST-ZIP: DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE: President NAME: Martin Helse STREET ADDRESS: 943 Cluett Moore Rd. CITY-ST-ZIP: BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: STD NAME: DAVIS, KEN STREET ADDRESS: 3640 AIRPORT RD., #5 CITY-ST-ZIP: BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE: Vice President NAME: DANIEL MITCHELL STREET ADDRESS: 1919 NW 40th CT CITY-ST-ZIP: Pompano Beach, FL 33064 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 registered agent 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 my address, with all changes empowered.			
SIGNATURE:		4-26-06 561-997-0045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Martin P. Helse, Pres.		Date Daytime Phone #	