

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710883

**Entity Name:** FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.**Current Principal Place of Business:**17844 SE 159TH AVE  
WEIRSDALE, FL 32195**Current Mailing Address:**17844 SE 159TH AVE  
WEIRSDALE, FL 32195 US**FEI Number: 47-3323158****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CYNAMON, BRUCE E  
17844 SE 159TH AVE  
WEIRSDALE, FL 32195 US*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: BRUCE E CYNAMON****03/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** CYNAMON, BRUCE  
**Address** 17921 SE 158 COURT  
**City-State-Zip:** WEIRSDALE FL 32195**Title** TREASURER  
**Name** CYNAMON, BRUCE  
**Address** 17844 SE 159TH AVE  
**City-State-Zip:** WEIRSDALE FL 32195**Title** PRESIDENT  
**Name** DELEON, JOE  
**Address** 5991 36TH AVE N  
**City-State-Zip:** ST. PETERSBURG FL 33710**Title** DIRECTOR  
**Name** MUTERSPAUGH, JULIE  
**Address** 17790 SE 158 COURT  
**City-State-Zip:** WEIRSDALE FL 32195**Title** DIRECTOR  
**Name** CAPOZZI, KIMBERLY  
**Address** 4415-C CONSTITUTION LANE  
**City-State-Zip:** MARIANNA FL 32448**Title** VP  
**Name** CAPOZZI, ROBERT  
**Address** 4415-C CONSTITUTION LANE  
**City-State-Zip:** MARIANNA FL 32448**Title** SECRETARY  
**Name** LEARY, JOHN  
**Address** 17790 SE 158 COURT  
**City-State-Zip:** WEIRSDALE FL 32195**Title** DIRECTOR  
**Name** BLANKENSHIP, JOHN ROBERT  
**Address** 16175 SE 179TH STREET  
**City-State-Zip:** WEIRSDALE FL 32195**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRUCE CYNAMON****DIRECTOR****03/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	HOFFMAN , ED
Address	216 HEORGE STREET
City-State-Zip:	TARPON SPRINGS FL 34688