

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007006

**FILED**  
**Apr 08, 2018**  
**Secretary of State**  
**CC3969436715**

**Entity Name:** NEW SMYRNA BEACH AIRFAIR INC.

**Current Principal Place of Business:**

116 VIA BENEVENTO  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

116 VIA BENEVENTO  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number: 81-3405585**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SNELL, BARBARA A  
116 VIA BENEVENTO  
NEW SMYRNA BEACH, FL 32169 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CHR  
Name           CLEGG, STEVE  
Address        2898 RICKENBACKER TRAIL  
City-State-Zip: PORT ORANGE FL 32128

Title           VCHR  
Name           NORRIS, ALAN  
Address        646 NORTH RIVERSIDE DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           EXDR  
Name           SNELL, BARBARA A  
Address        116 VIA BENEVENTO  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           SCTR  
Name           BUSALACCHI, PATRICIA M  
Address        4518 SAXON DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           D  
Name           NORVILLE, GARY F  
Address        1501 AIRWAY CIRCLE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: BARBARA ANNE SNELL**

**EXECUTIVE DIRECTOR**

**04/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date