

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N94000002689

Entity Name: EAA CHAPTER 1067, INC.

Current Principal Place of Business:

160 AVIATION DRIVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

5147 CASTELLO DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0541825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULICH, JOHN III
5147 CASTELLO DR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PAULICH, JOHN III
Address: 2221 PINWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: DVST () Delete
Name: ELLIS, KENNETH
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: AHEARN, CHUCK
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: SAVAGE, DALE
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: BROUSSEAU, TED
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BARTUNEK, ROBERT
Address: 16008 DELAROSA LANE
City-St-Zip: NAPLES, FL 34110

Title: DV (X) Change () Addition
Name: ELLIS, KENNETH
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: DS (X) Change () Addition
Name: AHEARN, CHUCK
Address: 160 AVIATION DRIVE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: NIEBAUER, CRAIG
Address: 1260 FOREST AVE
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT BARTUNEK

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date