

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012098

FILED
Apr 29, 2009
Secretary of State

Entity Name: CARBOY INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

61 NW BOUNDARY ST.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

16000 ORANGE AVENUE
FORT PIERCE, FL 34945

Current Mailing Address:

61 NW BOUNDARY ST.
PORT ST. LUCIE, FL 34986

New Mailing Address:

16000 ORANGE AVENUE
FORT PIERCE, FL 34945

FEI Number: 26-1735552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLUNG, MICHAEL M.
61 NW BOUNDARY ST.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MCCLUNG, MICHAEL M.
16000 ORANGE AVENUE
FORT PIERCE, FL 34945 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: _____

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCLUNG, MICHAEL M.
Address: 61 NW BOUNDARY ST.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DV () Delete
Name: MCFREDERICK, TOM
Address: 225 BOYD RD.
City-St-Zip: FT. PIERCE, FL 34945

Title: DST () Delete
Name: MARINE, DOUG
Address: 15838 ORANGE AVE.
City-St-Zip: FT. PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCCLUNG, MICHAEL M.
Address: 16000 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

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

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

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: MICHAEL MCCLUNG

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date