2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90408 035 ****61.25

DOCUMENT # N22198

1. Entity Name
ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%LINDA NEUMAN P.O. BOX 915949 LONGWOOD, FL 32779	%LINDA NEUMAN P.O. BOX 915949 LONGWOOD, FL 32779

N04013916

04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2880373
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, LINDA
650 LONGMEADOW CIR
LONGWOOD, FL 32779

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOLEK, EDWIN C
STREET ADDRESS	2036 SPRINT BLVD., STE 11
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	ST
NAME	SNYDER, JOHN
STREET ADDRESS	2152 SPRINT BLVD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	MERRIMAN, CONNIE
STREET ADDRESS	2152 SPRINT BLVD.
CITY-ST-ZIP	APOPKA, FL
TITLE	VP
NAME	HARPER, RUSS
STREET ADDRESS	2054 SPRINT BLVD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee 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 an address, with all other like empowered.

SIGNATURE: Edwin C Wolek EDWIN C WOLEK 4/29/05 407-884-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #