2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N22198

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

Principal Place of Business	Mailing Address
1180 SPRING CENTER BLVD S. STE 370 ALTAMONTE SPRINGS, FL 32714	1180 SPRING CENTER BLVD S. STE 370 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

04192007 No Chg-NP CR2E037 (4/06)

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

NEUMAN LINDA
1180 SPRING CENTER BLVD S.
STE 370
ALTAMONTE SPRINGS, FL 32714

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

Filing Fee is $61.25
Due by May 1, 2007

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80113-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Wolek PRESIDENT 4/23/2007 407-884-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #