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02-26-1999 90073 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26957**

1. Corporation Name

NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PA RKS-SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
NAIOP/South Florida Chapter	NAIOP/South Florida Chapter
1925 NE 45th Street	1925 NE 45th Street
Suite 126	Suite 126
Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33308

2. Principal Place of Business 21 1925 NE 45 ST	2a. Mailing Address 26 same	3. Date Incorporated or Qualifed 06/15/1988
Suite, Apt. #, etc. 22 # 126	Suite, Apt. #, etc. 27 same	4. FEI Number 59-2109509 ☐ Applied For ☐ Not Applicable
City & State 23 FT. LAUDERDALE	City & State 28 same	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33308 Country 25 USA	Zip 29 same Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PARR, JOHN H.
1925 NE 45th Street
Suite 126
Ft. Lauderdale, FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNOX, PAMELA 200 S BISCAYNE BLVD MIAMI FL 33131	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEISEN, JOHN 5355 TOWN CENTER RD BOCA RATON FL 33486	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMBRIGIOTTA, SUSAN R 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D FORD GIBSON TWO ALHAMBRA PLAZA CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED PARR, JOHN H ~~2400 W. CYPRESS CREEK RD. #100~~ ~~FORT LAUDERDALE FL~~	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	1925 NE 45 ST. #126 FT. LAUDERDALE FL 33308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EAGON, DOUG 6400 N ANDREWS AVE FT LAUDERDALE FL 33309	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLANGELO, DEBBIE 4500 N STATE RD 7 LAUDERDALE LAKES FL 33319	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VPD	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN H. PARR 2-3-99 954 9382137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #