


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 012 ****61.25

DOCUMENT # N33773

1. Entity Name
INTERSTATE LAKE INDUSTRIAL PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O STEVE ALLEN
 4023 SAWYER ROAD
 SARASOTA, FL 34233**

Mailing Address
**C/O STEVE ALLEN
 4023 SAWYER ROAD
 SARASOTA, FL 34233**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2965932

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**ALLEN, STEVE
 4023 SAWYER RD
 SARASOTA, FL 37423**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	KLOSNER, J. RUSSELL	
STREET ADDRESS	4023 SAWYER ROAD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, STEPHEN T.	
STREET ADDRESS	4023 SAWYER ROAD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, DOUG	
STREET ADDRESS	4023 SAWYER RD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLOSNER, JOHN D	
STREET ADDRESS	4023 SAWYER RD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **4.7.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #