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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749271 (3)
1. Corporation Name
THE H D A INDUSTRIAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O FLORIDA TOURLINES NAPLES FL 33942 US
3651 ARNOLD AVE NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1979
3a. Date of Last Report 07/22/1994

4. FEI Number 59-2578574
Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26 5085 Tamiami Tr. E.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 Naples, FL
24 Zip 25 Country 29 33962 30 Collier

9. Name and Address of Current Registered Agent
TRAMCO INC
5085 TAMIAMI TR E.
NAPLES, FL
33962

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUYSSE, LEONA
STREET ADDRESS	3653 ARNOLD AVE.
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	SD
NAME	GOWER, DAN
STREET ADDRESS	3651 ARNOLD AVE
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	VD
NAME	GAHAGAN, THOMAS
STREET ADDRESS	1020 GOODLETTE RD
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lianne Buysse	
13 STREET ADDRESS	989 Aqua Circle	
14 CITY - ST - ZIP	Naples, FL 33940	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Thomas Gahagan	
33 STREET ADDRESS	700 2nd Avenue, #305	
34 CITY - ST - ZIP	Naples, FL 33940	
41 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	James Philbrick	
43 STREET ADDRESS	149 Muirfield Circle	
44 CITY - ST - ZIP	Naples, FL 33962	
51 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Gary Mart	
53 STREET ADDRESS	5085 Tamiami Trail E.	
54 CITY - ST - ZIP	Naples, FL 33962	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing report or supplemental annual report is true and accurate and that my signature also has the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Sec Date: 4/28/95 File No: 012-774-340