

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: C/O FLORIDA TOURLINES - NAPLES FL 33942 US
Mailing Address: 5085 TAMiami TR. E. NAPLES FL 33962 US

3. Date Incorporated or Qualified: 10/10/1979
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2578574	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24		29		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
		30				

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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: _____ (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUYSSE, LEONA	1.2 NAME	
STREET ADDRESS	989 AQUA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILBRICK, JAMES	2.2 NAME	
STREET ADDRESS	149 MUIRFIELD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAHAGAN, THOMAS	3.2 NAME	
STREET ADDRESS	700 2ND AVENUE, #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MART, GARY	4.2 NAME	D, P
STREET ADDRESS	5085 TAMiami TRAIL E	4.3 STREET ADDRESS	Dan Gower
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	5085 Tamiami Tr. E. Naples, FL 33962
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D, V
STREET ADDRESS		5.3 STREET ADDRESS	Thomas Goettel
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5085 Tamiami Tr. E. Naples, FL 33962
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D, S/T
STREET ADDRESS		6.3 STREET ADDRESS	Douglas McIntyre
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5085 Tamiami Tr. E. Naples, FL 33962

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 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.

SIGNATURE: _____ DATE: 4-17-96 DAYTIME PHONE: (941) 643-0266

CR2E037 (12/95)