

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number
59-2578574

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 R:P Property Mgt Suite, Apt. #, etc. | 28 R:P Property Mgt Suite, Apt. #, etc. |
| 22 265 Airport Road S City & State | 27 265 Airport Road S City & State |
| 23 Naples FL Zip Country | 28 Naples FL Zip Country |
| 24 34104 | 25 Collier |
| 29 34104 | 30 Collier |

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**TRAMCO INC
5085 TAMiami TR E.
NAPLES, FL
34113**

10. Name and Address of New Registered Agent

| | |
|---|---------------------------|
| 81 Name | R:P Property Mgt |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 265 Airport Road S |
| 83 | |
| 84 City | Naples |
| 85 Zip Code | FL 34104 |

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: *[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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GAHAGAN, THOMAS | |
| STREET ADDRESS | 5085 TAMiami TR E | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MACLEAN, ELIZABETH | |
| STREET ADDRESS | 5085 TAMiami TR E | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GOWER, DAN | |
| STREET ADDRESS | 5085 TAMiami TR E | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *[Signature]* 3/26/98 941-643-3353

CF2E037 (10/97)