2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 750090

1. Entity Name
CENTRAL INDUSTRIAL PARK, NORTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3570 CONSUMER ST UNIT 7 RIVIERA BEACH, FL 33404-1740	3570 CONSUMER ST UNIT 7 RIVIERA BEACH, FL 33404-1740

DO NOT WRITE IN THIS SPACE

01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2171071

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

6. Name and Address of Current Registered Agent

JOHANSEN, L.E.
3570 CONSUMER ST.
RIVIERA BCH., FL 33404

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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 ... the obligations of registered agent

SIGNATURE ______________________________

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHANSEN, L E
STREET ADDRESS	3570 CONSUMER ST
CITY-ST-ZIP	RIVIERA BCH , FL 334704
TITLE	VD
NAME	MENG, PHILIP G
STREET ADDRESS	8395 GARDEN ST
CITY-ST-ZIP	RIVIERA BCH , FL 33404
TITLE	D
NAME	WOOD, MICHAEL
STREET ADDRESS	3592 PROSPECT AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/05-80009-006 61.25

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12. 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 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: ______________ L E JOHANSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR