

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 # 752360 (8)

1. Corporation Name

AUSTRALIAN BUSINESS PARK LOT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1117 53 CT.
SUITE 203
WEST PALM BCH FL 33407
US

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WEST PALM BCH FL 33407
US

3. Date Incorporated or Qualified
05/05/1980

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2081068

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEGONEGAL, JOSEPH
1117 53 CT
WEST PALM BCH FL 33407**

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 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, typed or printed name of registered agent and title (applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PD
MEGONEGAL, JOSEPH
1117 53 CT
WEST PALM BEACH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**VPD
CALLAWAY, LINDA
19168 LOX RIVER ROAD
JUPITER FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**STD
HUMPHRIES, SAM.
1126 53RD CT.
WEST PALM BCH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (407)881-1380
Date Daytime Phone #

CR2E037 (12/95)