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Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768893 (0)

1. Corporation Name

AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GEIS CONSTRUCTION
1670 ENTERPRISE PARKWAY
TWINSBURG OH 44087

C/O GEIS CONSTRUCTION
1670 ENTERPRISE PARKWAY
TWINSBURG OH 44087-2202



3. Date Incorporated or Qualified
06/13/1983

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 C/o Geis Construction
Suite, Apt. #, etc.

26 C/o Geis Construction
Suite, Apt. #, etc.

4. FEI Number
65-0133226

Applied For
Not Applicable

22 10020 Aurora-Hudson Rd.
City & State

27 10020 Aurora-Hudson Rd.
City & State

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

23 Streetsboro, OH

28 Streetsboro, OH

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

24 44241

25 USA

29 44241

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIS, KATHERINE
C/O KINGS PORT CLUB
2150 GULF SHORE BOULEVARD, #207
NAPLES FL 33740

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GEIS, E. ERWIN
STREET ADDRESS % 1670 ENTERPRISE PKWY
CITY-ST-ZIP TWINSBURG OH

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Geis, E. Erwin
1.3 STREET ADDRESS 10020 Aurora-Hudson Rd.
1.4 CITY-ST-ZIP Streetsboro, OH 44241

TITLE SD ☐ DELETE
NAME WEST, MR. WILLIAM N.
STREET ADDRESS % 1100 SUPERIOR AVENUE
CITY-ST-ZIP CLEVELAND OH

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

TITLE TD ☐ DELETE
NAME GEIS, KATHERINE
STREET ADDRESS % 1670 ENTERPRISE PKWY
CITY-ST-ZIP TWINSBURG OH

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Geis, Katherine
3.3 STREET ADDRESS 10020 Aurora-Hudson Rd.
3.4 CITY-ST-ZIP Streetsboro, OH 44241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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: X Katherine Geis REQUIRED

3/19/97

216-528-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 2075000

CR2E037 (9/96)