2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 768893

1. Entity Name
AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GEIS CONSTRUCTION 10020 AURORA-HUDSON RD. STREETSBORO, OH 44241 US	C/O GEIS CONSTRUCTION 10020 AURORA- HUDSON RD. STREETSBORO, OH 44241 US

02082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0133226
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katherine Geis 2/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	GEIS, KATHERINE TRUSTEE OF ERWIN GEIS TRU
STREET ADDRESS	10020 AURORA-HUDSON RD.
CITY-ST-ZIP	STREETSBORO, OH
TITLE	SD
NAME	WEST, MR. WILLIAM N.
STREET ADDRESS	% 1100 SUPERIOR AVENUE
CITY-ST-ZIP	CLEVELAND, OH
TITLE	TD
NAME	GEIS, KATHERINE
STREET ADDRESS	10020 AURORA-HUDSON RD.
CITY-ST-ZIP	STREETSBORO, OH
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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04/22/06-80049-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Katherine Geis 2/8/06 330-528-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #