2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90045 027 ****61.25

DOCUMENT # N00000001246

1. Entity Name
SENECA INDUSTRIAL PARK ASSOCIATION, INC.

DATCH #:
40073198

Principal Place of Business	Mailing Address
1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2701 HALLANDALE BEACH BLVD	800 CORPORATE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 700
City & State PEMBROKE PARK, FLORIDA	City & State FORT LAUDERDALE, FL
Zip: 33023 Country:	Zip: 33334 Country:

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0986045
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IERNA, LYNN-ANN 800 CORPORATE DRIVE SUITE 700 FORT LAUDERDALE, FL 33334	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ABELE, CHARLES R JR. 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BRAD SIMPKINS 8500 Andrew Carnegie Blvd Charlotte, NC 28262	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CAYON, MAURICE 2901 SW 8TH ST SUITE 204 MIAMI, FL 33135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JASON RAICHLE 300 Barr Harbor Drive Suite 150 West Conshocken. PA 19428	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BOSCHETTI, JOSE R 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DAVE BOYLAN 3900 Biscayne Boulevard Miami. FL 33137	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/31/08 954-771-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #