

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000006460

1. Entity Name
OSLO WEST COMMERCIAL PARK ASSOCIATION, INC.



Principal Place of Business
**1125 12TH ST.
VERO BEACH, FL 32960**

Mailing Address
**P.O. BOX 309
VERO BEACH, FL 32961**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3637111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENSICK, NORMAN W JR.
1125 12TH ST.
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENSICK, NORMAN W JR.
STREET ADDRESS	1125 12TH ST.
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	VSTD
NAME	HENSICK, WILLIAM B
STREET ADDRESS	1125 12TH ST.
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	D
NAME	HENSICK, ELIZABETH B
STREET ADDRESS	1125 12TH ST
CITY - ST - ZIP	VERO BEACH, FL 32960

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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01/21/05-80084-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN W. HENSICK

1/17/05

Date

772-562-6748

Daytime Phone #