

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 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



01112007 No Chg-NP CR2E037 (4/06)

**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, 2007**

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

U000000593071  
01/19/07-60046-024 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*NORMAN W. HENSICK JR.*

*1/15/07*