

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008379

FILED
Aug 31, 2004
Secretary of State**Entity Name:** ROBERTS INDUSTRIAL PARK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**101 ROBERTS ROAD
LAKE HAMILTON, FL 33851**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 334
LAKE HAMILTON, FL 33851**New Mailing Address:**POST OFFICE BOX 1168
HAINES CITY, FL 33845**FEI Number:** 01-0589475**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERTS, JO ANN
101 ROBERTS ROAD
LAKE HAMILTON, FL 33851**Name and Address of New Registered Agent:**TALARICO, BOBBY
PO BOX 1168
HAINES CITY, FL 33845

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.

SIGNATURE: BOBBY TALARICO

08/31/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, DONALD D
Address: 8000 LAKE HATCHINEHA RD
City-St-Zip: HAINES CITY, FL 33844

Title: VSTD (X) Delete
Name: ROBERTS, JO ANN
Address: 8000 LAKE HATCHINEHA RD
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete
Name: SURRENCY, TERRI J
Address: 1 PINE RUN
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TALARICO, BOBBY
Address: PO BOX 1168
City-St-Zip: HAINES CITY, FL 33845

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY TALARICO

PRES

08/31/2004

Electronic Signature of Signing Officer or Director

Date