## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N04000005289

I-4 INDUSTRIAL PARK 5TH SECTION PROPERTY OWNERS' ASSOCIATION, INC.



**FILED** 

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90169 017 \*\*\*\*61.25

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Principal Place of Business P.O.BOX 1618 MAITLAND, FL 32794

1. Entity Name

Mailing Address P.O.BOX 1618 MAITLAND, FL 32794

2. Principal Place of Business		3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01162006	Chg-NP	CR2E	037 (11/05)	
City & State		City	City & State			4. FEI Numbe		46806	3.5 AI	pplied For
Zip	Country	Zip		Country			of Status Desire		\$8.75 Ad	ditional
	6. Name and Address of Curre	ent Registere	d Agent			7. Name and	Address of Ne	w Registere	<u> </u>	
				Na	ame					
VIHLEN & SILLS, P.A.  1173 SPRING CENTRE S BLVD STE C ALTAMONTE SPRINGS, FL 32714		С	Street Address		(P.O. Box Numbe	er is Not Accept	able)			
ALIAMON	11E OF MINOS, 1 E 327 14									
				Cir	ity			F	L Zip Coo	ie
8. The above	named entity submits this statementions of registered agent.	t for the purpo	ose of changing its r	egistered of	fice or registe	ered agent, or bot	h, in the State o	f Florida. I a	m familiar with,	and accept
li le obligat	nons of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered as	gent and title if appl	icable. (NOTE:	Registered Agen	nt signature require	ed when reinstating)		DATE	i	
	Signature, typed or printed name of registered at Filling Fee is \$61.25 Due by May 1, 2006	gent and title if appl	9. Election Cam Trust Fund Co	paign Financ		\$5.00 May B Added to Fees		Make che	eck payable t	
10.	Filing Fee is \$61.25		9. Election Cam	paign Financ	cing	\$5.00 May B	F	Make che Torida Dep	ck payable t artment of S	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND D		9. Election Cam	paign Financ ontribution.	cing	\$5.00 May B Added to Fees	F	Make che Torida Dep	ck payable t artment of S	tate
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12. Thereby certify that the information supplied with this filling 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 withy an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition