2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A

ANNUAL REPORT								
DOCUMENT # N05000011081					Secretary of Stat			
PINELO	CH INDUSTRIAL PARK PRO ATION, INC.	PERTY OWNERS'						
Principal Place of Business Mailing Address								
102 W PINELOCH STREET SUITE 10 PO BOX 568367 ORLANDO, FL 32806 ORLANDO, FL 32856-8367								
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aratir <u>i</u>				04022007	No Chg-NP	CR2E0	37 (4/06)	
	O NOT WRITE	IN THIS SPA	ICE	4. FEI Numb			Applied For Not Applicable	
					of Status Desired		8.75 Additional	
	6. Name and Address of Current R	egistered Agent	<u> </u>			The mast Co	20 E.S. 1 12 (5 5 9 5	
CARLISO JAMES P				D O	dening (*) NOT 18			
CARUSO, JAMES P 102 W PINELOCH STREET SUITE 10			***		NOT W			
ORLANDO	O, FL 32806			TO TINE	THIS SF	PACE	A The state of	
						i de la companya di salah di s		
8. The above	e named entity submits this statement for	the purpose of changing its registi	ered office or re	gistered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with, and accept	
	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registe	ered Agent signature	equired when reinstating)		ĐATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS		Carry Park Park B		THE PARTY	· 中央 不多。	
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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/2/07

Daytime Phone #