


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90031 012 ****61.25

DOCUMENT # N07283 1. Entity Name SARNO INDUSTRIAL PARK CONDOMINIUM, INC.					
Principal Place of Business 676 WASHBURN RD UNIT 10 MELBOURNE, FL 32534 US			Mailing Address 676 WASHBURN RD UNIT 10 MELBOURNE, FL 32534 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2497811				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLUDER, JOHN M 676 WASHBURN RD 11 MELBOURNE, FL 32934			Name HARPOLD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8527 SHERIDAN ROAD City WEST MELBOURNE FL Zip Code 32904		
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 <u><i>Robert M Harpold</i></u> PRESIDENT <u>2/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLUDER, JOHN M 676 WASHBURN RD, UNIT #11 MELBOURNE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPOLD, ROBERT 8527 SHERIDAN ROAD WEST MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUDER, LAURA 676 WASHBURN RD. UNIT 11 MELBOURNE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPOLD, GLENN 728 SAMUELCHASE LANE MELBOURNE, FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEEKS, JAMES E JR 676 WASHBURN RD, UNIT10 MELBOURNE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUSER, JOH 710 WASHBURN RD., UNIT 3 MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUSER, JOHN 2723 LAURA BAUGH DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANDISH, DENNIS 710 WASHBURN RD., UNIT 9 MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>James E. Meeks, Jr.</i></u> JAMES E. MECKS, JR. <u>2/22/06</u> <u>321/255-3976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					