FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N14869

O.N.C. INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION

FILED
Jan 28 1998 8:00am
Secretary of State

, INC.						
Principal Plac	rincipal Place of Business Mailing Address				t sooitige not eiter dann i file brind ifft alati fifti atter beite billi atter fifti	
6691-A 33RD ST. EAST SARASOTA FL 34243 SARASOTA FL 34243					3. Date Incorporated or Qualified 05/12/1986	
					4. FEI Number Applied For NOT APPLICABLE Not Applied For	le
2. Principal F	Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Required	7
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Sta	te	City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25	Zip 3	Countr	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No	
	9. Name and Address of Curren	t Registered Agent	- 		10. Name and Address of New Registered Agent	\neg
	· · · · · · · · · · · · · · · · · · ·		81	Name)	
	ATHIE A 33RD ST. EAST		82	Street	t Address (P.O. Box Number is Not Acceptable)	-
	OTA FL 34243		83	3		
			84	City	85 Zip Code	\dashv
31 Dureyant	to the provisions of Sections 617 050	2 and 617 1508 Elorida Statutes	the abov	(a Damod	d corporation submits this statement for the purpose of changing its registers	_
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autations of Section 617.0503, Florida.	horized b	y the corp is.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. {NOTE; F	Registered Ac	ent signature	ire required when relinstating) DATE	- [_
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	15
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	₩ (\$
NAME	DIAZ, KATHIE A		1.2 NAME			ţ
STREET ADDRESS	6691-A 33RD ST. EAST		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34243		1.4 CITY-	ST-ZIP		8
TITLE	VPD	DELETE	2.1 TITLE		Change Addition	יי וכ
NAME	LENGER, CHARLENE		2.2 NAME			
STREET ADDRESS	700 INDIAN BEACH CICRCLE		2.3 STREE	T ADDRESS	5 := :=	1
CITY-ST-ZIP	SARASOTA FL 34234		2, 4 CITY-	ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition	ın
NAME	LENGER, CHARLENE	!	3,2 NAME			
STREET ADDRESS	700 INDIAN BEACH CIRCLE		3.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	SARASOTA FL 34234		3.4. CITY-	ST-ZIP		_
TITLE	TD	DELETE	4.1 TITLE		Change Addition	ณ
NAME	DIAZ, KATHIE A		4. 2 NAME			
STREET ADORESS	6691-A 33RD ST. EAST			T ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	- I ori de	4.4 CITY-	ST-ZIP		_
TITLE	1	☐ DELETE	5.1 TITLE		Change Additio	п
NAME)		5.2 NAME			
STREET ADDRESS]		5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ŽIP	<u> </u>	_
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio	ព

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 riame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

1,15,198

35,40-73,53

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

<u> 756-7252</u>