2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N14869

1. Entity Name



FILED Jul 28, 2005 8:00 am Secretary of State

O.N.C. INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.				07-2	07-28-2005 90001 030 ****61.25		
Principal Plac	ce of Business	Mailing Address	<u>'</u>				
		6691-A 33RD ST. EAST					
SARASOTA		SARASOTA FL 34243	,				
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st M	OORE CR2	E037 (10/04)	
City & State		City & State		4. FEI Number	4. FEI Number 65-0856122 Applied For Not Applicable		
Zip	Country	Zip .	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Register	ed Agent	
			Name	Jack 4	farmount		
DIA	Z, KATHIE A		Street Ac	ddress (P.O. Box Number is	Not Acceptable)		-
6691-A 33RD ST. EAST SARASOTA FL 34243		6		<u>6691 33</u>	691 33rd St East		
SAI	4301A FL 34243			•			
			City <			Zip Cod	P 1/2
9 The above	e named entity submits this statement for	or the nurness of changing its	rogistored office or	xurasota	•	- ! ,) 4	245
	tions of reg ista red agent.	in the purpose of changing its	registered office of	registered agent, or both, to	it the State of Florida, T	am lamılar willi,	апо ассері
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SIGNATURE	Signatur () od or printed name or registered agent	and little if applicable (NOT	E Registered Agent signatur	re required when reinstating)	DA	TE.	
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· · · ·			paign Financing \$5.00 May Be Make Check Payable to				
Due By May 1, 2005			Trust Fund Contribution.		Added to Fees Florida Department of State		
	Due By May 1, 2005	Trust Fund C	Contribution.	☐ Added to Fees	Florida De	partment of \$	State
10							
10.	OFFICERS AND DI	RECTORS	11.		Florida Dep	DIRECTORS IN	I 10
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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:

Magla Jews Angela Lewis, Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

941-223-8707 Daytrne Phone #