

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17363 (5)**

1. Corporation Name
EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
~~C/O RICHARDSON KLEIBER WALTER, INC.~~
~~PHG & LL INC.~~
~~1970 BARBER RD.~~ **635 S. ORANGE AVE.**
~~SARASOTA FL 34240~~ **SARASOTA FL 34240**
~~US~~ **34236-7549**
US

Mailing Address
~~PHG & LL INC.~~
~~1970 BARBER RD.~~
~~SARASOTA FL 34240~~
~~US~~

3. Date Incorporated or Qualified **10/16/1986** 3a. Date of Last Report **03/08/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2753946	Applied For	<input checked="" type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIPPERT, LARRY 1970 BARBER RD SARASOTA FL 34240				81	Name	William A. Kleiber	
				82	Street Address (P.O. Box Number is Not Acceptable)	635 So. Orange Avenue, Suite #16	
				83		c/o Richardson Kleiber Walter, Inc.	
				84	City	Sarasota,	85
					State	FL	Zip Code
							34236-7549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William A. Kleiber* DATE **3-22-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, JOHN	1.2 NAME	
STREET ADDRESS	1626 BARBER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34240
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHANNING, TOM	2.2 NAME	
STREET ADDRESS	1735 APEX RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34240
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE, RONALD	3.2 NAME	
STREET ADDRESS	1579 BARBER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	34240
TITLE	TSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPERT, LAWRENCE	4.2 NAME	
STREET ADDRESS	1970 BARBER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, TOM	5.2 NAME	
STREET ADDRESS	1542 APEX RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	34240
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLABACH, LARRY	6.2 NAME	
STREET ADDRESS	1600 BARBER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34240	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Schlabach* DATE **3-25-96** DAYTIME PHONE # **941-365-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)