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 #

N17363

(5)

EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

FILED Mar 03 1998 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing Address		I BODADI DOL'HINI 1888A KULA DKAR KALDIDI D	1811 BIBIT BIBIT BIBIF BIBIT 1001
C/O BILL KLE -1794 APEX TO SARASOTA FL US	HO 780 A APEX CA	C/O BILL KLEIBER 1734 APEX ROAD SARASOTA FL 34240 US	O A APEX R	3. Date Incorporated or Qualified 10/16/1986 4. FEI Number 59-2753946	Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		7. Is this nonprofit corporation a homeowne	Added to Fees
23		28		Yes Yes	□ No
Zip	Country	Zip 3	Country	This corporation owes or has paid the cu Personal Property Tax due June 30.	ırrent year Intanoible ☐ Yes ◆ No
531	9. Name and Address of Curren		1	10. Name and Address of New Registered	
	S. Mario and Addison of Control	Thogstorou Agont	81 Name	IV. Haine and Address of the Registered	Marit
VICEC	D 3470 1 1444 A		- I Hame		
	KLEIBER, WILLIAM A			dress (P.O. Box Number is Not Acceptable)	
<i>O A</i> 1794-APEX ROAD SARASOTA FL 34240			83		
			84 City		85 Zip Code
			'	FL	_
	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flori	 the above-named cor thorized by the corpora da Statutes. 	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the applications are supported to the support of the support	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if spolicable (NOTE:	Registered Agent signature requ	ulrad when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DVP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, JOHN		1.2 NAME		
STREET ADDRESS	1626 BARBER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	JOHANNING, TOM		2.2 NAME		
STREET ADDRESS	1735 APEX RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE)	Change X Addition
NAME	JOYCE RONALD	/			
STREET ADDRESS	-1679 BARBER ROAD		3.3 STREET ADDRESS	LIFFORD STONE 260 COLAN PLACE	
CITY-ST-ZIP	SARASOTA FL 34240		3.4. CITY-ST-ZIP	PARASOTA, FL 34240	
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	CAMPBELL, TOM		4. 2 NAME		
STREET ADDRESS	1542 APEX RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		Change Addition
NAME	SCHLABACH, LARRY		5.2 NAME		
STREET ADDRESS	1600 BARBER RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 14 1	L				

1. 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 name appears in Block 12 or Block 13 if changed, or on an enterpriorit with an address.

V 2-18-90 941-378-2828