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Mar 14, 1999 8:00 am
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03-14-1999 90039 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17363

1. Corporation Name

EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

780 A APEX RD
1734 APEX ROAD
SARASOTA FL 34240
US

Mailing Address

C/O BILL KLEIBER
780 A APEX RD
SARASOTA FL 34240
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/16/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2753946

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIBER, WILLIAM A
1734 APEX ROAD
SARASOTA FL 34240

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME MCINTYRE, JOHN
STREET ADDRESS 1626 BARBER ROAD
CITY-ST-ZIP SARASOTA FL 34240

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME JOHANNING, TOM
STREET ADDRESS 1735 APEX RD
CITY-ST-ZIP SARASOTA FL 34240

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CLIFFORD, STONE
STREET ADDRESS 6260 COLAN PLACE
CITY-ST-ZIP SARASOTA FL 34240

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CAMPBELL, TOM
STREET ADDRESS 1542 APEX RD
CITY-ST-ZIP SARASOTA FL 34240

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD
NAME SCHLABACH, LARRY
STREET ADDRESS 1600 BARBER RD
CITY-ST-ZIP SARASOTA FL 34240

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-9-99
Date

X 378-2328
Daytime Phone #

CR2E037 (1/198)