

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90031 012 ****61.25

DOCUMENT # N17363

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



Principal Place of Business
**722 APEX ROAD, UNIT E
 SARASOTA, FL 34240**

Mailing Address
**722 APEX ROAD, UNIT E
 SARASOTA, FL 34240**

40000490



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2753946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIBER, WILLIAM
 722 APEX ROAD, UNIT E
 SARASOTA, FL 34240**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOHANNING, TOM 1735 APEX RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, JOHN 1645 BARBER RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EISS, DENNIS 1965 BARBER RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLI, PAUL 1599 APEX RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C. Kleiber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 *9413782328*
 Date Daytime Phone #