

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 17, 2009
Secretary of State

DOCUMENT# N17363

Entity Name: EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**722 APEX ROAD, UNIT E
SARASOTA, FL 34240**New Principal Place of Business:****Current Mailing Address:**722 APEX ROAD, UNIT E
SARASOTA, FL 34240**New Mailing Address:****FEI Number:** 59-2753946**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KLEIBER, WILLIAM
722 APEX ROAD, UNIT E
SARASOTA, FL 34240 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CHAPMAN, JOHN
Address: 6406 DANNER DR
City-St-Zip: SARASOTA, FL 34240**Title:** D () Delete
Name: MCINTYRE, JOHN
Address: 1645 BARBER RD
City-St-Zip: SARASOTA, FL 34240**Title:** ST () Delete
Name: EISS, DENNIS
Address: 1965 BARBER RD
City-St-Zip: SARASOTA, FL 34240**Title:** VP () Delete
Name: MARTINELLI, PAUL
Address: 1599 APEX RD
City-St-Zip: SARASOTA, FL 34240**Title:** D () Delete
Name: STENTEN, MARILYN
Address: 1867 BARBER RD
City-St-Zip: SARASOTA, FL 34240**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: JOHANNING, TOM
Address: 1735 APEX RD
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCINTYRE

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date