FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

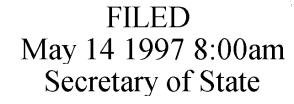
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N19111

(6)



WHIDDEN INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.												
Principal Place of Business Mailing Address									91 8 11 91 8 51 3		4 B B B FB#	
POST OFFICE BOX 3179 POST OFFICE BOX 3179 PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33949								1				
		_						3. Date Incorporated or Qualified 02/05/1987	3a. [Oate of Last F 08/05/19		
	lace of Business	28.	2a. Mailing Address					4. FEI Number		A	pplied For	
21			26					59-2031573			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State			City & State					6. Election Campaign Financing			May Be	
23		28	·					Trust Fund Contribution			to Fees	
Zip Country			Zip Country					8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30					Florida Statutes Yes No				
 	9. Name and Address of Currer	nt Regis	tered Agent			1 61:		10. Name and Address of New Re	gistered	Agent		
					81	Name						
LORICCO, CARLO J.						Street	Addre	ress (P.O. Box Number is Not Acceptable)				
3005 CARING WAY PORT CHARLOTTE FL 33949					83			****			~ 	
PONI O	MANLOTTE PL 33849											
					84	City			FL	85 Zip	Code	
i office or r	to the provisions of Soctions 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Flori	da. Such change was	authorize	id by	/ the con	corpo poratio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of the ap	of changing i pointment as	ts registered registered	
SIGNATURE .	Signature, typed or printed name of registered ag-	onl and live	if applicable (NO	TE: Realstere	d Age	eni Sionalure	e required	5 when reinstating)	DATE			
12.	OFFICERS AN			13.		9		ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12	
TITLE	PTD		DELETE	1.1 T	ITLE					Change	Addition	
NAME	WHIDDEN, JAMES E. JR.			1.2 N	AME							
STREET ADDRESS	23484 HARBORVIEW ROAD			1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	CHARLOTTE HARBOR FL					ST - ZIP	ļ			-		
TITLE	DV		DELETE	21 T)			L Change	Addition	
NAME	WHIDDEN, JANICE M			2.2 N								
STREET ADDRESS	23484 HARBOURVIEW ROAD	,				ADDRESS						
CITY-ST-ZIP TITLE	CHARLOTTE HARBOR FL VSD		☐ DELETE			ST-ZIP				Change	Addition	
NAME	LORICCO, CARLO J.		L DECER	3.1 T 3.2 N			l			□ Piratige	L MOUIIOII	
STREET ADDRESS	3005 CARING WAY					ADDRESS						
CITY-ST-ZIP	PORT CHARLOTTE FL					ST-ZIP	1					
TITLE	T AND ALBERTA		DELETE	411	*****	01.511	t			Change	Addition	
NAME					NAME					_ ,		
STREET ADDRESS						address						
CITY-ST-ZIP						ST - ZIP	Ĺ					
TITLE			☐ DELETE	51T	ITLE					Change	Addition	
NAME				5.2 N	IAME							
STREET ADDRESS				5.3 \$	TREET	ADDRESS	ĺ					
CITY-ST-ZIP		·		5.4 C	ITY-S	ST-ZIP						
TITLE			☐ DELETE	6.1 T	ITLE					Change	Addition	
NAME				6.2 N	IAME							
STREET ADDRESS				6.3 S	TREET	ADDRESS	l					
CITY-ST-ZIP				640	ITY-S	ST - ZIP	<u> </u>					

I do 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 or that it is an address.