
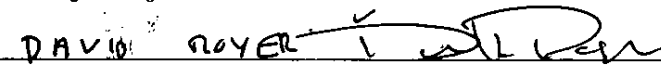



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90263 036 ****61.25

DOCUMENT # N21777 1. Entity Name SECOND LANE COMMERCIAL PARK ASSOCIATION, INC.																																																																																																																	
Principal Place of Business 664 SECOND LANE C/O WILLIAM GULLET VERO BEACH, FL 32962-2958 US			Mailing Address 664 SECOND LANE C/O WILLIAM GULLET VERO BEACH, FL 32962-2958 US																																																																																																														
2. Principal Place of Business - No P.O. Box # 662 SECOND LANE Suite, Apt. #, etc.		3. Mailing Address 662 SECOND LANE Suite, Apt. #, etc.																																																																																																															
City & State VERO BEACH FL Zip 32962-2958		City & State VERO BEACH FL Zip 32962-2958		4. FEI Number 65-0381050																																																																																																													
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent GULLETT, WILLIAM W 644 - 101 CENTRE CT SW VERO BEACH, FL 32962				7. Name and Address of New Registered Agent Name DAVID ROYER Street Address (P.O. Box Number is Not Acceptable) 662 SECOND LANE City VERO BEACH FL Zip Code 32962-2958																																																																																																													
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 <u>DAVID ROYER</u>  FEB 2 '07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DUEBEL, EDWARD V.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1700 S. OCEAN DR. #401</td> <td></td> </tr> <tr> <td></td> <td>VERO BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROYER, DAVID</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4236 79TH ST</td> <td></td> </tr> <tr> <td></td> <td>VERO BEACH, FL 32967</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DRNDAK, JOHN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>646 2ND LN</td> <td></td> </tr> <tr> <td></td> <td>VERO BCH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DUEBEL, EDWARD V.		CITY-ST-ZIP	1700 S. OCEAN DR. #401			VERO BEACH, FL		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	ROYER, DAVID		CITY-ST-ZIP	4236 79TH ST			VERO BEACH, FL 32967		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DRNDAK, JOHN		CITY-ST-ZIP	646 2ND LN			VERO BCH, FL		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>DAVID ROYER</u>  PROPERTY MANAGER 2/2/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	