


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90165 017 \*\*\*\*61.25

<b>DOCUMENT # N22198</b>	
1. Entity Name <b>ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>%LINDA NEUMAN P.O. BOX 915949 LONGWOOD, FL 32779</b>	Mailing Address <b>%LINDA NEUMAN P.O. BOX 915949 LONGWOOD, FL 32779</b>
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2. Principal Place of Business <b>1180 Spring Center Blvd. S. Suite. Apt. #, etc. Suite 370</b>	3. Mailing Address <b>1180 Spring Center Blvd. S. Suite. Apt. #, etc. Suite 370</b>
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01302006 Chg-NP CR2E037 (11/05)

City & State <b>Altamonte Springs, FL</b>	City & State <b>Altamonte Springs, FL</b>
Zip <b>32714</b>	Zip <b>32714</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2880373</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NEWMAN, LINDA 650 LONGMEADOW CIR LONGWOOD, FL 32779</b>	
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7. Name and Address of New Registered Agent Name <b>Neuman, Linda</b> Street Address (P.O. Box Number is Not Acceptable) <b>1180 Spring Center Blvd. S. Suite 370</b> City <b>Altamonte Springs, FL</b> Zip Code <b>32714</b>	
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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  **LINDA J NEUMAN** DATE **4/20/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLEK, EDWIN C 2036 SPRINT BLVD., STE 11 APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, JOHN 2152 SPRINT BLVD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIMAN, CONNIE 2152 SPRINT BLVD. APOPKA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPER, RUSS 2054 SPRINT BLVD. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EDWIN C. WOLEK**  DATE **4/25/2006** DAYTIME PHONE # **407-884-0844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR