

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 005 ****61.25

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DOCUMENT # N25537 1. Entity Name OSCEOLA INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 60 WEST ROBINSON STREET C/O J.A. HINSON, PO BOX 3753 ORLANDO, FL 32802		Mailing Address % J.A. HINSON PO BOX 3753 ORLANDO, FL 32802	
2. Principal Place of Business - No P.O. Box # 60 W. Robinson St.		3. Mailing Address c/o Robert L. Mellen III	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 60 W. Robinson St.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801		Zip 32801	
Country		Country	
4. FEI Number 59-2950905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINSON, J. A 60 WEST ROBINSON STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Robert L. Mellen III Street Address (P.O. Box Number is Not Acceptable) 60 West Robinson Street City Orlando FL Zip Code 32801	
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		Robert L. Mellen III, President	
Signature, typed or printed name of registered agent and title if applicable.		DATE 1-28-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, J.A. 60 W. ROBINSON ST. ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert L. Mellen III 60 W. Robinson St. Orlando, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNETT, H.L. 60 W ROBINSON ST. ORLANDO, FL <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	STD TUKDARIAN, E.M. 60 W. ROBINSON ST. ORLANDO, FL 32801 <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	AST DONNELLY, S.K. 60 W. ROBINSON ST. ORLANDO, FL 32801 <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:		Robert L. Mellen III	
Signature and typed or printed name of signing officer or director		Date 1-28-08	
		Daytime Phone # 407-422-6105	