

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25929

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALICO INDUSTRIAL CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

17162 ALICO CENTER RD
SUITE 2
FORT MYERS, FL 33967 US

New Principal Place of Business:

Current Mailing Address:

17162 ALICO CENTER RD
SUITE 2
FORT MYERS, FL 33967 US

New Mailing Address:

FEI Number: 65-0127786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUNYON, SONIA D
17162 ALICO CENTER RD
SUITE 2
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

DEVIC, SONIA M
17162 ALICO CENTER RD
SUITE 2
FORT MYERS, FL 33967 US

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: SONIA M. DEVIC

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEMETH, JOE
Address: 17162 ALICO CENTER RD
City-St-Zip: FORT MYERS, FL 33967 US

Title: VD () Delete
Name: MINICK, GREG
Address: 17030 ALICO CENTER RD
City-St-Zip: FORT MYERS, FL 33967 US

Title: TSD () Delete
Name: RUNYON, SONIA D
Address: 17162 ALICO CENTER RD #2
City-St-Zip: FORT MYERS, FL 33967 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: DEVIC, SONIA M
Address: 17162 ALICO CENTER RD #2
City-St-Zip: FORT MYERS, FL 33967 US

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: SONIA M. DEVIC

TSD

01/06/2009

Electronic Signature of Signing Officer or Director

Date