

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N26591

1. Entity Name
S & S INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5751B YOUNGQUIST ROAD S.E.
FT. MYERS, FL 33912**

Mailing Address

**5751B YOUNGQUIST ROAD S.E.
FT. MYERS, FL 33912**



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZADROVITZ, JOHN
5751B YOUNGQUIST ROAD S.E.
FT. MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZADROVITZ, JOHN
STREET ADDRESS	1134 LAKELAND CIR
CITY-ST-ZIP	FT MYERS, FL 33913
TITLE	D
NAME	SICONA, PHYLLIS
STREET ADDRESS	5582 WHISPERING WILLOW WAY
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D
NAME	RYAN, WILLIAM
STREET ADDRESS	19863 ALLAIRE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000878450
04/11/08-80074-002 300.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

William Ryan **WILLIAM RYAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-08

Date

(239) 432-9797

Daytime Phone #