

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 001 ****61.25

DOCUMENT # N26957

1. Entity Name

NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE
PARKS-SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business

1500 NW 62ND STREET
SUITE 106
FORT LAUDERDALE FL 33309
US

Mailing Address

1500 NW 62ND STREET
SUITE 106
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2109509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARR, JOHN H.
1500 NW 62ND STREET
SUITE 106
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PP
NAME PINCUS, GEORGE ☐ Delete
STREET ADDRESS 2255 GLADES RD #340W
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PPD
NAME EAGON, DOUG ☒ Delete
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE PED
NAME MARK LEVY ☐ Change ☒ Addition
STREET ADDRESS 1300 SAWGRASS CORP. PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE PED
NAME SHERIDAN, PETER ☐ Delete
STREET ADDRESS 2100 PARK CENTRAL BLVD #900
CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE P
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME UTECHT, RHONDA ☐ Delete
STREET ADDRESS 2701 GATEWAY DRIVE
CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME MILLER, HARLEY ☐ Delete
STREET ADDRESS 614 S FEDERAL HIGHWAY
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE PP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED
NAME PARR, JOHN H ☐ Delete
STREET ADDRESS 1500 NW 62ND STREET #106
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04 954.938.2137