

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90004 029 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30795**

1. Corporation Name

**SOUTH DIXIE COMMERCIAL PARK PROPERTY OWNERS ASSOCIATION, INC.**

\* 6 616578-90004-29 8 \*

Principal Place of Business

321 21ST STREET  
 C/O EDGAR L. SCHLITT  
 VERO BEACH FL 32960

Mailing Address

321-21 ST  
 SUITE 2D  
 VERO BEACH FL 32960  
 US



2. Principal Place of Business

21 2027 Indian River Blvd.  
 Suite, Apt. #, etc.

2a. Mailing Address

26 2027 Indian River Blvd.  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
 02/21/1989

4. FEI Number  
 59-2486680

Applied For  
 Not Applicable

City & State

23 Vero Beach, FL

City & State

28 Vero Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32960 25

Zip Country

29 32960 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHLITT, EDGAR L.  
 321-21 ST  
 SUITE 2D  
 VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2027 Indian River Blvd.  
 83  
 84 City Vero Beach FL 85 Zip Code 32960

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

*SCHLITT*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHLITT, EDGAR L.	
STREET ADDRESS	321 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LINDSEY, LINDA	
STREET ADDRESS	321 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHLITT, MARGUERITE M.	
STREET ADDRESS	321 21ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHLITT, Edgar L.	
1.3 STREET ADDRESS	2027 Indian River Blvd	
1.4 CITY-ST-ZIP	Vero Beach, FL 32960	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schlitt-Gonzalez, Linda	
2.3 STREET ADDRESS	2027 Indian River Blvd.	
2.4 CITY-ST-ZIP	Vero Beach, FL 32960	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schlitt, Marguerite	
3.3 STREET ADDRESS	2027 Indian River Blvd.	
3.4 CITY-ST-ZIP	Vero Beach, FL 32960	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99 361-567-1181

Date Daytime Phone #

0014199

CR2E037 (5/99)