

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30966 (8)

1. Corporation Name

PINE RIDGE INDUSTRIAL PARK BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O EDWARD F. MCCARTHEY
94 SECOND STREET
NAPLES FL 33940

C/O EDWARD F. MCCARTHEY
94 SECOND STREET
NAPLES FL 33940

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

10/25/1995

4. FEI Number

65-0076660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCARTHEY, EDWARD F.
94 SECOND STREET
NAPLES FL 33940**

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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
NAME MOATES, ROBERT
STREET ADDRESS 1902 ELSA STREET
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE TD
NAME WIENER, MICHAEL
STREET ADDRESS 2188 J & C BLVD.
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME BALLIE, KATHLEEN
STREET ADDRESS 5590 SHIRLEY ST.
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME CARLSON, GARY
STREET ADDRESS 1954 J & C BLVD.
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME CARR, MICHAEL
STREET ADDRESS 1900 J & C BLVD.
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME MARSZALKOWSKI, LINDA
STREET ADDRESS 2020 ELAS ST.
CITY-ST-ZIP NAPLES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert Moates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-96 941-598-9898

CR2E037 (12/95)