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FILED

May 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

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

Mailing Address

C/O EDWARD F. MCCARTHEY  
94 SECOND STREET  
NAPLES FL 34102-5909

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

04/17/1996

4. FEI Number

65-0076680

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

MCCARTHEY, EDWARD F.  
94 SECOND STREET  
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 ☐ DELETE  
NAME MOATES, ROBERT  
STREET ADDRESS 1902 ELSA STREET  
CITY - ST - ZIP NAPLES FLTITLE TD ☐ DELETE  
NAME WIENER, MICHAEL  
STREET ADDRESS 2188 J & C BLVD.  
CITY - ST - ZIP NAPLES FLTITLE D ☐ DELETE  
NAME BALLIE, KATHLEEN  
STREET ADDRESS 5590 SHIRLEY ST.  
CITY - ST - ZIP NAPLES FLTITLE D ☐ DELETE  
NAME CARLSON, GARY  
STREET ADDRESS 1954 J & C BLVD.  
CITY - ST - ZIP NAPLES FLTITLE D ☐ DELETE  
NAME CARR, MICHAEL  
STREET ADDRESS 1900 J & C BLVD.  
CITY - ST - ZIP NAPLES FLTITLE D ☐ DELETE  
NAME MARSZALKOWSKI, LINDA  
STREET ADDRESS 2020 ELAS ST.  
CITY - ST - ZIP NAPLES FL

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 - ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)