

DOCUMENT # N31177

1. Entity Name

ENTERPRISE PARK LAND OWNERS ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-03-2000 90149 020 ****61.25

Principal Place of Business

Mailing Address

2740 ENTERPRISE ROAD
ORANGE CITY FL 327632740 ENTERPRISE ROAD
ORANGE CITY FL 32763-8315

2. Principal Place of Business

3. Mailing Address

1111 Saxon Blvd.

1111 Saxon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

32763

Country

VOWSIA

Zip

32763

Country

VOWSIA

4. FEI Number

59-2869359

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

WILLIAMS, TERRY C.
 2740 ENTERPRISE ROAD
 ORANGE CITY FL 32763

Name: WILLIAMS, TERRY C.
 Street Address (P.O. Box Number is Not Acceptable):
 1111 Saxon Blvd.

City: Orange City FL Zip Code: 32763

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete
 NAME: WILLIAMS, TERRY C.
 STREET ADDRESS: 856 LINCOLN ROAD
 CITY-ST-ZIP: DELAND FL 32724

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

TITLE: D ☐ Delete
 NAME: WILLIAMS, DEBORAH R.
 STREET ADDRESS: 856 LINCOLN ROAD
 CITY-ST-ZIP: DELAND FL 32724

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

TITLE: D ☒ Delete
 NAME: STERN, RONALD
 STREET ADDRESS: 3211 PONCE DELEON BLVD. STE. 305
 CITY-ST-ZIP: CORAL GABLES FL 33134

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

TITLE: D ☐ Delete
 NAME: Flaherty, John
 STREET ADDRESS: 2745 Rebecca Lane
 CITY-ST-ZIP: Orange City, FL 32763

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

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)