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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

N31754 DOCUMENT #

(7)

CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDISTRIAL AND OFFICE PARKS, INC.

ION OF INDUSTRIAL AND OFFICE PARKS, INC.										
Principal Place of Business Mailing Address 1235 MT VERNON ST ORLANDO FL 32803 Principal Place of Business 1235 MT VERNON ST ORLANDO FL 32803						P temetridt das stidt erfert imber imber	1-6- A-6- B-8-1	2. gr. 41911 611		
						 Date Incorporated or Qualified 04/14/1989 		e of Last Re)5/01/19 (95	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3028469			oplied For of Applicable	
21		Suite, Apt. #, etc.							Additional	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired			equired	
City & State	9	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24	9. Name and Address of Curre	29 29 Agent	[30]			10. Name and Address of New Ro	_			
	9, Mame and Address of Curre	in trodistorox valour		81	Name					
THE SHOREWOOD GROUP					Street Ac	ddress (P.O. Box Number is Not Acceptable)				
1235 MT VERNON					Oli Coli Mo					
	00 FL 32803			83	Į					
•				84	City		FL	85 Zip	Code	
•			l		L	poration submits this statement for the pur oard of directors. I hereby accept the appo	range of cha	ngino its re	aistered offic	
familiar w SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable	NOTE: Registered			rired when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		Change	Addition	
TITLE	D	DELETE	1.1 TI 1.2 N				L			
NAME	SMITH, JOHN	_			T ADDRESS					
STREET ADDRESS	7101 LAKE ELLENOR DRIVE ORLANDO FL 32809	•			ST-ZIP					
CITY-ST-ZIP	D D D	⊠ DELETE	2.1 TI			5 10 1		Change	Addition	
NAME	ROSS, JO ELLEN		22 N	AME	ļ-	5 Brad Carpenter 390 N. Orange Ave #71	DORE			
STREET ADDRESS	AO AO HACE AND MAIL	00	235	TREE	1 ADDRESS	390 N. Orange Ave	20.00			
CITY-ST-ZIP	ORLANDO FL 32801					Orlando FL 328		Change	Addition	
TITLE	S	DELETE	3.1 ⊤			\mathcal{D}			L Madillor	
NAME	WHITE, LYNN		32 N		3	3000017: -04/26/9601	ခိုင်ရှင်	83		
STREET ADDRESS		00			T ADDRESS	***61.25	U43U	UZ		
CITY-ST-ZIP	ORLANDO FL 32802	DELETE		TITLE		D		Change	Addition	
TITLE	PP JONES, BILL	_		NAM		J				
STREET ADORESS	00 004405 445 446	350			ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32801		4.4 (CITY-	-ST-ZIP			Change	- Made	
TITLE	P	DELETE		TITLE		\mathcal{D}		Change ,	A Kyokanal	
NAME	HARRISON, RAYMOND		1	NAMi	1			4.	~ D-	
STREET ADDRES					ET ADDRESS	ı		•	J'	
CITY-ST-ZIP	ORLANDO FL 32856-8367	€ Doci eye		CITY TITLE	-ST-ZIP	79		Change	Additio	
TITLE	D CHITTLE DILL	⊠ DELETE	£ 2	MARK		Danier Madsen .	_	-		
NAME CARCET ADORES	SMITH, BILL		63	STRE	ET ADDRESS	bol So. Lake Destiny	Dr			
I CYDEET ADDRES	S INTO LEE MUMII		= 33			, Green and the state of the st		- 4		

WINTER PARK FL 32789

6.4 CITY-S1-ZIP

Was Yound FL 32751-7826

14. I do hereby 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 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 certify 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 an an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 407-420-2830 Degame Phone #

A KARAMAN BAR KILDI NIBU KERBI BILIL BIDI AKAN DIRIK BERKI DIRIK BIDIK BIDIK BIDIK ALBA