

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31754** (7)

1. Corporation Name
CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, INC.

Principal Place of Business 1235 MT VERNON ST ORLANDO FL 32803	Mailing Address 1235 MT VERNON ST ORLANDO FL 32803
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3. Date Incorporated or Qualified 04/14/1989
4. FEI Number 59-3028469
Applied For ☐ Yes ☒ Not Applicable

2. Principal Place of Business 21 222 S Westmonte Dr Suite, Apt. #, etc. 22 Ste 101 City & State 23 Altamonte Springs FL Zip 24 32714	2a. Mailing Address 26 P.O. Box 150127 Suite, Apt. #, etc. 27 City & State 28 Altamonte Springs FL Zip 29 32715
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5. Certificate of Status Desired ☐ Yes ☒ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE SHOREWOOD GROUP
1235 MT VERNON
ORLANDO FL 32803**

81 Name Gene Cheatham
82 Street Address (P.O. Box Number Is Not Acceptable) 222 S Westmonte Drive
83 Ste 101
84 City Altamonte Springs
85 State FL
86 Zip 32714

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 *Gene Cheatham* **GENE CHEATHAM** **04-27-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	☒ DELETE
NAME KREISLER, GARY	
STREET ADDRESS 237 S WESTMONTE DR, #245	
CITY-ST-ZIP ALTAMONTE SPRINGS FL	
TITLE S	☐ DELETE
NAME CARPENTER, BRAD	
STREET ADDRESS 390 N. ORANGE AVE. #700 RE	
CITY-ST-ZIP ORLANDO FL 32802	
TITLE D	☐ DELETE
NAME WHITE, LYNN	
STREET ADDRESS 255 SO ORANGE AVE #1700	
CITY-ST-ZIP ORLANDO FL 32802	
TITLE D	☐ DELETE
NAME BROCK, JEFF	
STREET ADDRESS 112 E ANNIE STREET	
CITY-ST-ZIP ORLANDO FL	
TITLE D	☐ DELETE
NAME HALL JR, TREVOR	
STREET ADDRESS 255 S ORANGE AVE, 31350	
CITY-ST-ZIP ORLANDO FL	
TITLE D	☐ DELETE
NAME MADSEN, DAMIEN	
STREET ADDRESS 801 S. LAKE DESTINY DR.	
CITY-ST-ZIP MATLAND FL	

1.1 TITLE E	☐ Change ☒ Addition
1.2 NAME Cheatham, Gene	
1.3 STREET ADDRESS 222 S Westmonte Drive Ste 101	
1.4 CITY-ST-ZIP Altamonte Springs FL 32714	
2.1 TITLE T	☒ 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 P	☒ 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 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, on an attachment with an address.

SIGNATURE: *Gene Cheatham* **GENE CHEATHAM** **04-27-98** (407) 7747880

CR2E037 (10/97)