

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90104 022 ****61.25

DOCUMENT # N31754

1. Corporation Name

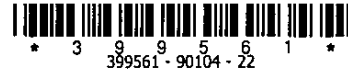
CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, INC.

Principal Place of Business

222 S WESTMONTE DR
STE 101
ALTAMONTE SPGS FL 32714
US

Mailing Address

POB 150127
ALTAMONTE SPGS FL 32715
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/14/1989

4. FEI Number

59-3028469

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

9. Name and Address of Current Registered Agent

CHEATHAM, G
222 S WESTMONTE DR
STE 101
ALTAMONTE SPGS FL 32271

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 E
NAME CHEATHAM, G
STREET ADDRESS 222 S WESTMONTE DR, STE 101
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE T
NAME CARPENTER, BRAD
STREET ADDRESS 390 N. ORANGE AVE. #700 RE
CITY-ST-ZIP ORLANDO FL 32802

TITLE D
NAME WHITE, LYNN
STREET ADDRESS 255 SO ORANGE AVE #1700
CITY-ST-ZIP ORLANDO FL 32802

TITLE P
NAME BROCK, JEFF
STREET ADDRESS 112 E ANNIE STREET
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME HALL JR, TREVOR
STREET ADDRESS 255 S ORANGE AVE, 31350
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME MADSEN, DAMIEN
STREET ADDRESS 601 S. LAKE DESTINY DR.
CITY-ST-ZIP MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P
3.2 NAME Scott Bell
3.3 STREET ADDRESS 255 S Orange Ste 905
3.4 CITY-ST-ZIP Orlando, FL 32301

4.1 TITLE VD
4.2 NAME David Patten
4.3 STREET ADDRESS 200 S. Orange Ave., #2210
4.4 CITY-ST-ZIP Orlando, FL 32801

5.1 TITLE SD
5.2 NAME Bob Hopfenberg
5.3 STREET ADDRESS 270 S. North Lake Blvd
5.4 CITY-ST-ZIP Altamonte Springs, FL 32701

6.1 TITLE
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Cheatham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)