2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# N31754

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

Current Principal Place of Business:

900 FOX VALLEY DRIVE
SUITE 204
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

900 FOX VALLEY DRIVE
SUITE 204
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2965099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAHAN, THOMAS A
900 FOX VALLEY DRIVE, SUITE 204
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	M	( ) Delete
Name:	MONAHAN, THOMAS A	
Address:	900 FOX VALLEY DRIVE, SUITE 204	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	TD	( ) Delete
Name:	FREE, BART	
Address:	135 W. CENTRAL BLVD. #240	
City-St-Zip:	ORLANDO, FL 32801	
Title:	PPD	( ) Delete
Name:	LIEBLICH, MARK	
Address:	200 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	SD	( ) Delete
Name:	GIBSON, JIM	
Address:	500 EAST PRINCETON ST	
City-St-Zip:	ORLANDO, FL 32803	
Title:	P	( ) Delete
Name:	SEMBACK, KEN	
Address:	817 GREAT COVE DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	MICHAEL, BEALE	
Address:	201 S. ORANGE AVENUE STE 400	
City-St-Zip:	ORLANDO, FL 32801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. MONAHAN M 02/08/2005

Electronic Signature of Signing Officer or Director — Date