

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31754

FILED  
Apr 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

900 FOX VALLEY DRIVE  
SUITE 100  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 US

**New Mailing Address:**

P.O. BOX 917525  
LONGWOOD, FL 32791-752 US

**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  
195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

MONAHAN, THOMAS A  
900 FOX VALLEY DRIVE  
SUITE 100  
LONGWOOD, FL 32779 US

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: THOMAS A MONAHAN

04/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: M ( ) Delete  
Name: MONAHAN, THOMAS A  
Address: 195 WEKIVA SPRINGS ROAD  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: TOMLINSON, JOHN  
Address: 255 S ORANGE AVE STE 400  
City-St-Zip: ORLANDO, FL 32801

Title: PPD ( ) Delete  
Name: BEALE, MICHAEL  
Address: 201 S ORANGE AVE STE 400  
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete  
Name: CARMAN, PAM  
Address: 2200 LUCIEN WAY STE 350  
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete  
Name: WOODWARD, DAN  
Address: 1900 SUMMIT TOWERS BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: PE D ( ) Delete  
Name: SALCIDO, MOSES  
Address: 301 E PINE STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: M (X) Change ( ) Addition  
Name: MONAHAN, THOMAS A  
Address: 900 FOX VALLEY DRIVE SUITE 100  
City-St-Zip: LONGWOOD, FL 32791

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 Chapter 119, 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

EXEC

04/05/2007

Electronic Signature of Signing Officer or Director

Date