

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90451 010 \*\*\*\*61.25

**DOCUMENT # N33376**

1. Entity Name

**FT. PIERCE BUSINESS PARK PHASE II PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**10690 2945 W MIDWAY RD  
FORT PIERCE FL 34981**

**10690 2945 W MIDWAY RD  
FORT PIERCE FL 34981  
US**

**ENTER**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0203792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAWDY  
DRAWDY, PHIL  
2945 W MIDWAY RD  
FORT PIERCE FL 34981**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD DRAWDY**  
STREET ADDRESS **DRAWDY, PHIL**  
CITY-ST-ZIP **2945 W MIDWAY RD  
FORT PIERCE FL 34981 34945**

TITLE ☐ Change ☐ Addition  
NAME **Pres. Phil DRAWDY**  
STREET ADDRESS **10690 W. Midway**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE ☐ Delete  
NAME **VPT DRAWDY**  
STREET ADDRESS **DRAWDY, TROY**  
CITY-ST-ZIP **2945 W MIDWAY RD  
FORT PIERCE FL 34981 34945**

TITLE ☐ Change ☐ Addition  
NAME **TROY DRAWDY**  
STREET ADDRESS **9701 Mullen Rd.**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE ☒ Delete  
NAME **SD POTTOCRFF, JEFFIFER**  
STREET ADDRESS **2945 W MIDWAY RD**  
CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE ☐ Change ☒ Addition  
NAME **SUSAN DRAWDY**  
STREET ADDRESS **10690 W. Midway Rd.**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Philip Drawdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/7/04**

Date

**772.466.4154**

Daytime Phone #

Attachment

24073391

# N33376

**DRAWDY PROPERTIES  
MEMO ON ADDRESS CHANGE:**

EFFECTIVE MARCH 31, 2004, PLEASE CHANGE OUR ADDRESS,  
BOTH PHYSICAL AND MAILING TO :

10690 WEST MIDWAY RD.  
FT. PIERCE, FLA. 34945

OUR NEW PHONE NUMBER IS 772-466-4154

OUR FAX MACHINE IS 772-468-1846

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THANKS....SUE