

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 13 1998 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N38795 (3)  
1. Corporation Name  
NORTH CAPE INDUSTRIAL PARK ASSOCIATION, INC.

## Principal Place of Business

2809 NE 9 AVE  
CAPE CORAL FL 33909  
US

## Mailing Address

LISA M LUSK  
202 DEL PRADO BLVD  
CAPE CORAL FL 33909

## 3. Date Incorporated or Qualified

06/22/1990

## 4. FEI Number

65-6342224

Applied For

Not Applicable

## 2. Principal Place of Business

21 2534 NE 9th Ave

Suite, Apt. #, etc.

22 City & State  
CAPE CORAL, FL

23 Zip 33909 Country USA

24

## 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No8. 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

LUSK, LISA M  
202 DEL PRADO BLVD  
CAPE CORAL FL 33909

## 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 PTD ☐ DELETENAME BLASKO, FRANK  
STREET ADDRESS 1314 LAFAYETTE ST  
CITY-ST-ZIP CAPE CORAL FLTITLE VSD ☐ DELETENAME BARTON, DAVID  
STREET ADDRESS 5718 DRIFTWOOD PARKWAY  
CITY-ST-ZIP CAPE CORAL FLTITLE D ☐ DELETENAME KENNEDY, EDWARD  
STREET ADDRESS 4436 CROSSJACK COURT #B9  
CITY-ST-ZIP FT MYERS FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ 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, or on an attachment with an address.

SIGNATURE: DAVID BARTON PRES. 4-24-98 941-772-9889

CR2E037 (10/97)