

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**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90215 011 \*\*\*\*61.25

0062445

**DOCUMENT # N38795**

1. Corporation Name

**NORTH CAPE INDUSTRIAL PARK ASSOCIATION, INC.**

Principal Place of Business

2534 NE 9TH AVENUE  
CAPE CORAL FL 33909  
US

Mailing Address

%LISA M LUSK  
202 DEL PRADO BLVD  
CAPE CORAL FL 33990



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

**06/22/1990**

4. FEI Number

**65-6342224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

LUSK, LISA M  
202 DEL PRADO BLVD  
CAPE CORAL FL 33990

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 ☐ DELETE

TITLE PTD  
NAME BLASKO, FRANK  
STREET ADDRESS 1314 LAFAYETTE ST  
CITY-ST-ZIP CAPE CORAL FL

TITLE VSD ☐ DELETE

NAME BARTON, DAVID  
STREET ADDRESS 5718 DRIFTWOOD PARKWAY  
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE

NAME KENNEDY, EDWARD  
STREET ADDRESS 4436 CROSSJACK COURT #B9  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME BLASKO, FRANK  
1.3 STREET ADDRESS 799, CYPRESS LAKE CIRCLE  
1.4 CITY-ST-ZIP FORT MYERS FL 33919

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D. EDWARD KENNEDY ☒ Change ☐ Addition

3.2 NAME CHAMPAGNE APTS. # 233  
3.3 STREET ADDRESS PUNTA GORDA  
3.4 CITY-ST-ZIP FL 33950

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

941-772-9889

Daytime Phone #

CR2E037 (11/98)