

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38795

FILED
Jan 21, 2005
Secretary of State

Entity Name: NORTH CAPE INDUSTRIAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

2534 NE 9TH AVENUE
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

2534 NE 9TH AVENUE
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 65-6342224 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LUSK, LISA M
202 DEL PRADO BLVD
CAPE CORAL, FL 33990 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: PD () Delete
Name: BLASKO, ANNA LEE
Address: 799 CYPRESS LAKE CIR
City-St-Zip: FORT MYERS, FL 33919

Title: VSD () Delete
Name: BARTON, DAVID,
Address: 5718 DRIFTWOOD PARKWAY
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: KOPTIS, WILLIAM
Address: 9150 SOUTH HILLS BLVD
City-St-Zip: CLEVELAND, OH 44147

Title: D () Delete
Name: BROOKS, FRANK
Address: 4250 STEAM LOAF BEND
City-St-Zip: FORT MYERS, FL 34131

Title: D () Delete
Name: BOZZARD, DAVID
Address: 305 ALLAN AVE.
City-St-Zip: EVERGLADES CITY, FL

Title: D () Delete
Name: SIMONE, NICK
Address: 2525 NE 9TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

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
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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: DAVID BARTON

VP

01/21/2005

Electronic Signature of Signing Officer or Director

Date