2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N38795

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:

PO BOX 101725
CAPE CORAL, FL 33910

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

Title: D ( ) Delete
Name: BARTON, DAVID
Address: 2534 NE 9TH AVE # 1
City-St-Zip: CAPE CORAL, FL 33909

Title: DS ( ) Delete
Name: GASMSO, THOMAS
Address: 2404 ANDALUSIA BLVD.
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete
Name: DEMURS, HENRY
Address: 5328 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: BOZZARD, DAVID
Address: 305 ALLAN AVE.
City-St-Zip: EVERGLADES CITY, FL 33929

Title: DT ( ) Delete
Name: GYURE, DOUGLAS
Address: 2631 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
Name:
Address:
City-St-Zip:

Title: MR (X) Change ( ) Addition
Name: BROOKS, FRANK G MR
Address: 4420, STEAMBOAT BEND EAST
City-St-Zip: FORT MYERS, FL US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID BARTON MR 04/21/2009

Electronic Signature of Signing Officer or Director — Date