

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39562**

1. Entity Name  
**AIRPORT INDUSTRIAL PARK AUTHORITY, INC.**



Principal Place of Business

255 S ORANGE AVE.  
STE. 1500  
ORLANDO, FL 32801

Mailing Address

255 S ORANGE AVE.  
STE. 1500  
ORLANDO, FL 32801



01182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3030267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SABGA, S. PAUL  
255 S ORANGE AVE.  
STE. 1500  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000656307  
03/14/07-80021-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SABGA, S. PAUL
STREET ADDRESS	255 S ORANGE AVE., STE. 1500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	DVS
NAME	HICKS, CELIA
STREET ADDRESS	255 S ORANGE AVE., STE. 1500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	DT
NAME	SABGA, JOSEPH A
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

407-649-1200

Daytime Phone #