3-18-98 B 3416 FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FILED Mar 18 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State

1998		and the same of th		DIVISION OF CORPORATIONS			Secretary of State	
DOCUI 1. Corporation	MENT #	N40083)	(0)	· · · · · · · · · · · · · · · · · · ·			
		STRIAL PARK PR	OPER	TY OWNERS A	ASSO			
CIATIO	INC.							
Principal Place	e of Businoss		Mailing	Address				łl –
4700 PINE ISLA	AND RD NW		4700 PI	INE ISLAND RD NW			3. Date Incorporated or Qualified	
P.O. BOX 66 P.O.			P.O. BC	. BOX 66			09/21/1990	Į
US	33883		MAILA	CHA FL 33909-			4. FEI Number Applied For	
A Drivated D	lean of Dunions		100 140	llion Andreas			65-0218654 Not Applice	
21 Principal P	lace of Business		26 Ma	iling Address			5. Certificate of Status Desired Security Securi	
Suite, Apt.	#, etc.			te, Apt. #, etc.			B. Election Campaign Financing \$5.00 May Be	
22	_,	··-	27	. 0 0			Trust Fund Contribution Added to Fees	
City & State	0		28 City	y & State			7. Is this nonprofit corporation a homeowners association? X Yes No	}
Zip		Country	Zip		Cou	ntry	8. This corporation owes or has paid the current year Intangible	\dashv
24	25		29	33993	30		Personal Property Tax due June 30, 🔲 Yes 💹 No	ᆜ
	9. Name and	Address of Current R	egistere	d Agent		81 Name	10. Name and Address of New Registered Agent	
OLINIAE	TEE ALEVAND	ED M			1			_
GLUHAREFF, ALEXANDER M 4700 PINE ISLAND RD NW						82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	HA FL 33993	1147			Ì	83		\neg
					}	64 City	■ 85 Zip Code	\dashv
44 6	·····	70		500 5: 14 0: 1			PLII '	
office or re	to the provisions o egistered agent, o m familiar with, an	or both, in the State of ad accord the obligation	Florida. S	such change was a ction 617,0503. Fic	uthorized rida Stat	by the corpor	orporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registere	ď
SIGNATURE _		a accept the conguite	0, 00.	0.000, 0.00000, 1.00	nou plut			1
12.	Signature, typed or print	of name of registered agent at OFFICERS AND D			Registered	Agent signature req	aulred when reinstaing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D	OFFICENS AND E	MILCTOR	DELETE	1,1 111	LE	Change Addi	tion
NAME	GLUHAREFF	, ALEXANDER M			1.2 NA	ME		
STREET ADDRESS	3596 EMERA				1.3 ST	REET ADDRESS		
CITY-ST-ZIP	ST JAMES C	ITY FL		Decien		Y-ST-ZIP	The Change of th	[
TITLE NAME	D Zubal, eliz	ADETU		DELETE	2.1 TIT 2.2 NA		Change Addi	tion !
STREET ADDRESS	5380 MARTIN				4	REET ADDRESS		- 1
CITY-ST-ZIP	BOKEELIA FI					TY-SI-ZIP		
TITLE	D			DELETE	3.1 TIT	L £	Change Addi	tion
NAME	ROMIG, MAR			•	3.2 NA	1		
STREET ADDRESS	5367 ANN AI BOKEELIA FI			-		REET AODRESS TY-ST-ZIP		- 1
CITY-ST-ZIP TITLE	DONECLIA FI	<u> </u>		DELETE	4.1 707		☐ Change ☐ Addi	lion
NAME					4.2 N	Į.		}
STREET ADDRESS					4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Delete.		Y-ST-ZIP	Town Llast	
TITLE				L] DELETE	5.1 T(T		Change Addi	Jon
NAME STREET ADDRESS					5.2 NA	REET ADDRESS		1
CITY-ST-ZIP					4	Y-ST-ZIP		- 1
TITLE				DELETE	6.1 717		☐ Change ☐ Addi	tion
NAME				/ /	6.2 NA	. 11		
STREET ADDRESS		_	\sim					
City-St-ZiP	entify that the info	mation supplied with	luis Alino	does for Hall		ST-ZIP	In Section 119.07(3)(i), Florida Statutes further certify that the Informati	
indicated	on this annual rep	ort or supplemental at	nyal ep	July 1	ur Jano	that my signal	In Section 119.07(3)(i), Florida Statutes. I further certify that the Informati ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 617, Florida Statutes; and that my name appears in	
Block 12 c	or Block 13 if char	nged, or per an attricibil	ne with	an and sill		no report as fe	Advisor S. Strapisi 617, 1 Kinda Statutes, and that my hame appears in	

SIGNATURE:

3/10/98 (941) 283-0220