

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90092 047 \*\*\*\*61.25

**DOCUMENT # N41674**

1. Entity Name  
RAIL HEAD INDUSTRIAL PARK OWNERS' ASSOCIATION,  
INC.



& M Property Management  
4360 So. Tamiami Trail, Unit B  
Fort Myers, Florida 33912

P & M Property Management  
14360 So. Tamiami Trail, Unit B  
Fort Myers, Florida 3390812



Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0240122	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Paul J. Sapp</i>		Signature typed or printed name of registered agent and title if applicable		DATE 4-30-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, THOMAS	NAME			
STREET ADDRESS	3215 REGATTO DR.	STREET ADDRESS			
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLISH, KEITH	NAME			
STREET ADDRESS	1467 RAILHEAD BLVD.	STREET ADDRESS			
CITY- ST- ZIP	NAPLES, FL 34110	CITY- ST- ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCHHOLZ, ROBERT	NAME			
STREET ADDRESS	1501 RAIL HEAD BLVD	STREET ADDRESS			
CITY- ST- ZIP	NAPLES, FL 34110	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Charles J. BARON		
STREET ADDRESS		STREET ADDRESS	32 FAIRWAY CT, ALBANY NY 12208		
CITY- ST- ZIP		CITY- ST- ZIP	VP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MARCEL ZEZINA		
STREET ADDRESS		STREET ADDRESS	1471 RAILHEAD BLVD		
CITY- ST- ZIP		CITY- ST- ZIP	NAPLES, FL 34110		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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: <i>Keith E. Glush</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	