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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 10 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

ROSE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION. INC.

N, INC.							
Principal Place	e of Business	Malting Address				i ibil bibli bibli ffbh bib	# 3 E E
\$20 VERSAILLE	S DR	529 VERSAILLES DR					
	19761	#200 Maitland FL 32751-459	yn				
MATLAND FL 92751		US		3. Date Incorporated or Qualified 06/11/1992	3a. Date of Las 02/29/	t Report 1996	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	4	26			NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country		This corporation has liability for		d to Fees
24	25	29	30			Yes No	5. 155.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
MOCULLY, W.E.		8:		Street Addr	Address (P.O. Box Number is Not Acceptable)		
	SMITH ST		83				
ORLAND	O FL 32804		03				
J			84	City		FL 85 Z	p Code
	to the provisions of Sections 617.05	502 and 617,1508, Florida Stat	ules, the above	-named corn	oration submits this statement for the c		its registered
11. Pursuant t			o o disaminant but	the cornerat	ion's board of directors. I hereby accer	pt the appointment	as registered
11. Pursuant t	to the provisions of Sections 617.05 egistered agent, or both, in the State of Sections with and accept the obline the control of the control	ite of Florida. Such change wa: igations of Section 617 0503 I	s aumonzed by Florida Statutes	the corporat	,		
11. Pursuant to office or reagent. 1 ar	egistered agent, or both, in the Stat m familiar with, and accept the obli-	ite of Florida. Such change was igations of, Section 617.0503, I	Florida Statutes	ine corporat	,		
agent I ar SIGNATURE _	egistered agent, or both, in the Stat m familiar with, and accept the obli- Signature, typed or printed name of registered a	igations of, Section 617.0503, I	S authorized by Florida Statutes OTE: Registered Age	l.	ed when reinstating)	DATE	
12.	m familiar with, and accept the obli- signature, typed or printed name of registered a OFFICERS AI	igations of, Section 617.0503, lagations of, Section 617.0503, lagent and title II applicable. (N. ND DIRECTORS	Florida Statutes OTE: Registered Age	l.		DATE CERS AND DIRECTO	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 dorporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.