


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N50106		
1. Entity Name WARING INDUSTRIAL PARK PHASE 3 PROPERTY OWNER'S ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 1269 EATON PARK, FL 33840 US	Mailing Address P.O. BOX 1269 EATON PARK, FL 33840 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRITT, SUSAN A 2903 BROOKS ST LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, DENNIS 2810 DRANE FIELD RD LAKELAND, FL 33811	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNETT, LLOYD P.O. BOX 7456 LAKELAND, FL 33807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRITT, SUZZANE P.O. BOX 1269 EATON PARK, FL 33840	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARD, GARY 2810 PARKWAY ST LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u>P.A. Britt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-4-07</u> <small>Date Daytime Phone #</small>



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3244993	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000697265
04/18/07-80033-023 158.75