FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

N96000001449 (5) DOCUMENT #

95TH AVENUE INDUSTRIAL PARK PROPERTY OWNERS ASSO

FILED Apr 09 1997 8:00am Secretary of State



CIATION, INC.										
Principal Place of Business Mailing Address										
101 SANSBURY'S WAY PALM BEACH FL 33411 PALM BEACH FL 33411										
						 Date Incorporated or Qualified 03/15/1996 	3a. Da	te of Last F	leport	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For					
21		26				Not Applicable				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required					
City & Stat	·	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip		untry	•	8. This corporation has liability for it			. 199.032,	
24	25 9. Name and Address of Curre	29	30	_		Florida Statutes 10. Name and Address of New Reg	Yes _			1
	9, Hanto sila Address of Culta	int Hedistoled Matti		81	Name	10. Hame and Address of New Hel	JISTOLOU P	Main		ł
WHITMI	re, drennen l jr									1
500 AUSTRALIAN AVENUE SOUTH				82	Street Ad	dress (P.O. Box Number is Not Acceptab	ie) 			
	AKE PLAZA, SUITE 800			83						i
WESTP	ALM BEACH FL			84	City		FL	85 Zip	Code	ĺ
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the a	bove	e-named co	rporation submits this statement for the p		changing i	ls registered	ł
office or r	registered agent, or both, in the State im familiar with, and accept the oblice	e of Florida. Such change was dations of, Section 617,0503, Fl	authorize orida Stat	d by tutes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	the appo	ointment as	registered	
SIGNATURE		,			•	•				
<u> </u>	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		d Age	nl signalure req	uired when reinstaling)	DATE			۱,
12.		ND DIRECTORS	13.		————	ADDITIONS/CHANGES TO OFFIC	ERS AND			90/0/
TITLE NÄME	D Vecellio, leo a Jr	☐ DELETE	1,1 1					Change	Addition	
STREET ADDRESS	771 VILLAGE ROAD		1.2 N/		ADDRESS					F037
CITY-ST-ZIP	NORTH PALM BEACH FL 33	408		ITY-S	i					Σ Π
TITLE	D DELETE			TLE				Change	Addition	뜮
NAME	SLADE, MICHAEL			AME	1			-		Ì
STREET ADDRESS	149 SCARBOROUGH TERRA	.CE	2.3 ST	rreet	ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414				T-ZIP					
TITLE	0	☐ DELETE	3.1 TI			•	1	∐ Change	☐ Addition	
NAME	FARBER, DAVID B	DOLLI CIVADO	3.2 N/							l
STREET ADDRESS	1050 ROYAL PALM BEACH I ROYAL PALM BECH FL 3341				ADDRESS					
-CITY-ST-ZIP TITLE	HOTAL LACH DECITIC 304	DELETE	3.4. C		01-Z(P			Change	Addition	l
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	•		4.4 Cf	TY-\$1	T-ZIP					
TITLE		DELETE	5.1 Til	TLE				Change	Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP		DELETE	5.4 CI		T-ZIP			C	A didition	
TITLE		LJ DELETE	6.1 TIT					Change	☐ Addition	
NAME STREET ADDRESS			6.2 NA		*DDDCCC					
STREET ADDRESS City-St-Zip			6.3 ST		ADDRESS					
OUT DIST			0.4 (/)	11/0						

14. I do hereby certify that the information supplied with this filling 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 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 12 or Block to I phanged, or op an attachment with in address.