

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N96000001449 (5)**

1. Corporation Name

**95TH AVENUE INDUSTRIAL PARK PROPERTY OWNERS ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

**101 SANSBURY'S WAY
PALM BEACH FL 33411**

**101 SANSBURY'S WAY
PALM BEACH FL 33411**



3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITMIRE, DRENNEN L JR
500 AUSTRALIAN AVENUE SOUTH
CLEARLAKE PLAZA, SUITE 800
WEST PALM BEACH FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VECELLIO, LEO A JR**
STREET ADDRESS **771 VILLAGE ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ DELETE
NAME **SLADE, MICHAEL**
STREET ADDRESS **149 SCARBOROUGH TERRACE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ DELETE
NAME **FARBER, DAVID B**
STREET ADDRESS **1050 ROYAL PALM BEACH BOULEVARD**
CITY-ST-ZIP **ROYAL PALM BECH FL 33411**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **JOHN A DEFREHN**
3.3 STREET ADDRESS **7 COMMANDERS DR.**
3.4 CITY-ST-ZIP **PALM BEACH PARKWAY, FL 33418**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Slade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98 **561-793-2400**
Date Daytime Phone # 0042008

CR2E037 (10/97)