## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

Principal Place of Business

N96000004197 (7)

Mailing Address

THE LITTLE RIVER INDUSTRIAL DISTRICT PROPERTY OW NERS' ASSOCIATION, INC.

AKERMAN SENTERFITT & EIDSON. PA AKERMAN SENTERFITT & EIDSON, PA ONE S.E. THIRD AVE. 28 FLOOR ONE S.E. THIRD AVE. 28 FLOOR MIAMI FL 33131-1716 MIAMI FL 3313 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional U 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 28 Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEZOLD, RICHARD M ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) AKERMAN SENTERFITT & EIDSON, PA 83 ONE S.E. THIRD AVE, 28 FLOOR MIAMI FL 3313 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition 1.1 TITLE TITLE PD LOVE, JACK 12 NAME NAME 6851 N.E. 2ND AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change \_\_\_ Addition 2.1 TITLE TITLE STEINER, MICHAEL S 2.2 NAME NAME 290 S.E. 68TH STREET 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TILLE STD 3.2 NAME PUMO, BENNET NAME 7327 N.W. MIAMI COURT 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33150 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 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 changet, or or an attachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

HOURED

2-5-97

1-305-795-7700

**FILED** 

Feb 26 1997 8:00am

Secretary of State