

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90009 017 \*\*\*\*61.25

**DOCUMENT # N96000004197**

1. Entity Name

**THE LITTLE RIVER INDUSTRIAL DISTRICT PROPERTY  
OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE, 28 FLOOR  
MIAMI, FL 3313**

Mailing Address

**AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE, 28 FLOOR  
MIAMI, FL 3313**

**DO NOT WRITE IN THIS SPACE**



06032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-0730367**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BEZOLD, RICHARD M ESQ.  
AKERMAN SENTERFITT & EIDSON, PA  
ONE S.E. THIRD AVE, 28 FLOOR  
MIAMI, FL 3313**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDERTT, B. 6851 NE 2ND AVE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINER, MICHAEL S 290 S.E. 68TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUMO, BENNET 7327 N.W. MIAMI COURT MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

**C. Bradley Abell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-10-04**

Date

**954-846-1234**

Daytime Phone #