## 2003 NOT-FOR-PROFIT CORPORATION WINIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600004197

1. Entity Name

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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRES



Secretary of State 05-09-2003 90151 027 \*\*\*\*61.25

**FILED** 

May 09, 2003 8:00 am

Principal Place of Business Mailing Address AKERMAN SENTERFITT & EIDSON, PA AKERMAN SENTERFITT & EIDSON, PA ONE S.E. THIRD AVE. 28 FLOOR ONE S.E. THIRD AVE. 28 FLOOR MIAMI FL 3313 MIAMI FL 3313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0730367 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name.\_\_ and a second BEZOLD, RICHARD M ESQ. Street Address (P.O. Box Number is Not Acceptable) AKERMAN SENTERFITT & EIDSON, PA ONE S.E. THIRD AVE, 28 FLOOR MIAMI FL 3313 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition TITI F Delete DILE Change B. WINDERTT FLANDERS, R NAME NAME 6851 NE 2NO AVE 6851 NE 2ND AVE STREET ADDRESS STREET ADDRESS **MIAM! FL 33138** CITY-ST-ZIP CITY-ST-ZIP VD. ☐ Addition TITLE ☐ Change TITLE Delete STEINER, MICHAEL S NAME NAME 290 S.E. 68TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP STD - ---TITLE Delete TITLE ☐ Change Addition PUMO, BENNET NAME NAME 7327 N.W. MIAMI COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33150** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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