

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name  
N97000065697  
PINE LAKES INDUSTRIAL PARK OWNERS ASSOC., INC.

Principal Place of Business: Mailing Address:  
c/o Randy Beard  
H.P. Reid Co., Inc.  
1 Commerce Boulevard  
Palm Coast, FL 32164

2. Principal Place of Business: 2a. Mailing Address:  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country 30.

3. Date Incorporated or Qualified: 11/18/97  
4. FEI Number: 59-3476521 Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
81. Name: Michael Chiumento  
82. Street Address (P.O. Box Number is Not Acceptable): 4019 Kings Rd. No.  
83.  
84. City: Palm Coast FL 85. Zip Code: 32137

11. Pursuant to the provisions of Section 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both to 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 hereby accepting the legal control, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] MICHAEL CHIUMENTO 5-19-98 DATE

12. OFFICERS AND DIRECTORS

TITLE	President (D)	<input type="checkbox"/> DELETE
NAME	Randy Beard	
STREET ADDRESS	1 Commerce Boulevard	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	Vice President (D)	<input type="checkbox"/> DELETE
NAME	Robert Elkin	
STREET ADDRESS	11 Commerce Blvd,	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	Secretary/Treasurer (D)	<input type="checkbox"/> DELETE
NAME	Kent Ryan	
STREET ADDRESS	1 Commerce Boulevard	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002547888
6.3 STREET ADDRESS	-06/04/98--01070--033
6.4 CITY-ST-ZIP	***61.25

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 treasurer or am duly 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 attached form with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/13/98 Daytime Phone #: 904-465-2000

CR2E037 (10/97)