


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 016 ****61.25

DOCUMENT # N98000006177					
1. Entity Name CELLOON CREEK INDUSTRIAL PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2012 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603			Mailing Address P.O. BOX 14425 GAINESVILLE, FL 32604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3567660	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELANEY, BRUCE D 2012 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTSD		TITLE		
NAME	DELANEY, BRUCE D <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2012 WEST UNIVERSITY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERS, RONALD C <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4045 N.W. 43RD STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REGAN, CARRIE <input checked="" type="checkbox"/> Delete		NAME	Waters, Pam	
STREET ADDRESS	2012 WEST UNIVERSITY AVE		STREET ADDRESS	2012 W University Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Bruce D. Delaney			8/17/2005 (352) 392-5405		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day and Phone #		

Printed form from online

