


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State


DOCUMENT # N98000006374

1. Entity Name
BEELINE INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.



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|--|--|
| Principal Place of Business 1215 SPRUCE AVE. ORLANDO, FL 32824 | Mailing Address 1215 SPRUCE AVE. ORLANDO, FL 32824 |
|--|--|

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3560992 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DUANE, CLARKSON
6220 S. ORANGE BLOSSOM TR
SUITE 100
ORLANDO, FL 32809

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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) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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 DUANE, CLARKSON 6220 S. ORANGE BLOSSOM TR STE 100 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BARBARA, KENNEY 1217 SPRUCE AVE ORLANDO, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARVIN, SWEERS 1239 SPRUCE AVE ORLANDO, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZEN, BRIMO 1265 SPRUCE AVE ORLANDO, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/03/07-80025-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Handwritten Signature* **3-21-07 407 493 3994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #