

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006374

FILED
May 05, 2009
Secretary of State

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

Current Principal Place of Business:

1215 SPRUCE AVE.
ORLANDO, FL 32824

New Principal Place of Business:

6220 S ORANGE BLOSSOM TR
#100
ORLANDO, FL 32809

Current Mailing Address:

1215 SPRUCE AVE.
ORLANDO, FL 32824

New Mailing Address:

6220 S ORANGE BLOSSOM TR
#100
ORLANDO, FL 32809

FEI Number: 59-3560992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUANE, CLARKSON
Address: 6220 S. ORANGE BLOSSOM TR STE 100
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: BARBARA, KENNEY
Address: 1217 SPRUCE AVE
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MARVIN, SWEERS
Address: 1239 SPRUCE AVE
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE CLARKSON

PD

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date