

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 009 ****61.25

DOCUMENT # N99000006523

1. Entity Name
**MIDWAY INDUSTRIAL PARK PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950**

Mailing Address
**401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950**

14009992



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0959997

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **LUNSFORD, EDWIN C JR**
STREET ADDRESS **161 N CAUSEWAY SUITE 8**
CITY-ST-ZIP **NEW SMYRNA, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RAMOS, OSIRIS**
STREET ADDRESS **5945 SE GENERAL LEE TERRACE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FEE, FRANK H III, ESQ**
STREET ADDRESS **401 SOUTH INDIAN RIVER DRIVE**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Apr 05

Date

772-461-5020

Daytime Phone #