

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# N99000006653

Entity Name: GREYHOUND COMMERCE PARK PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2025 LAGUNA WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2025 LAGUNA WAY  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-3652807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONROY, J. THOMAS III  
MORRISON & CONROY, P.A.  
3838 TAMIAMI TRAIL NORTH, STE. 402  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: ZMENAK, EMIL  
Address: 87 LAKE ST.,  
City-St-Zip: GRIMSBY, ONTARIO, L3M 2G6, CA

Title: D ( ) Delete  
Name: MOLA, DAVID  
Address: 2025 LAGUNA WAY  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: CONROY, J. THOMAS III  
Address: 3838 TAMIAMI TRAIL N., STE. 402  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID J MOLA

Electronic Signature of Signing Officer or Director

MGRM

01/08/2004

\_\_\_\_\_ Date