2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000006653**

1. Entity Name

GREYHOUND COMMERCE PARK PROPERTY OWNER'S ASSOCIATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90830 039 ****61.25

Principal Place 025 LAGUNA 1 IAPLES FL 341		Mailing Addre 2025 LAGUNA NAPLES FL 34	WAY		1 788(1)61 016 1011	, 1 12(1) 12(1) 80(1) 80(1) 80(1) 80(1)		
2. Principal Place of Business 3. Mailing Address			dress	W-M-M				
Suite, Apt. #, etc. Suite, Apt. #			Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State C			te		4. FEI Number 59-3652807 Applied For Not Applicable			
Zip	Country	Zip	Co	ountry	5. Certificate of Stat	us Desired 5	8:75 Add	litional
	6. Name and Address of Current F	<u>I</u> Registered Agen	nt		7. Name and Addre	ess of New Registered Ag	ent	
			^	Name				
CONROY, J. THOMAS III MORRISON & CONROY, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
3838 TAMIAMI TRAIL NORTH, STE. 402 NAPLES FL 34103								
				City		FL	Zip Code	e
FILE NOW: FEE IS \$61.25 9. Election Campa			Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
<u> </u>	OFFICERS AND DIR	RECTORS	11	•	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	10
	D ZMENAK, EMIL 87 LAKE ST., GRIMSBY, ONTARIO, L3M 2G6		STE	LE . ME REET ADDRESS Y-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLA, DAVID 2025 LAGUNA WAY NAPLES FL 34109		Delete TIT NAI	LE	٠.	The second secon	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, J. THOMAS III 3838 TAMIAMI TRAIL N., STE. 407 NAPLES FL 34103			I .		Į.	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STE	LE ' ME REET ADDRESS Y-ST-ZIP		ž.	☐ Change	☐ Addition
TITLE			Delete TIT	ME			Change	Addition
NAME STREET ADDRESS SITY-ST-ZIP				REET ADDRESS Y-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 ampowered 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.

REQUIRED

SIGNATURE:

2/14/03

239 592-6145