

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000000013

**Entity Name:** CHARLOTTE REGIONAL INTERSTATE BUSINESS PARK ASSOCIATION. INC.

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**8379554984CC**

**Current Principal Place of Business:**

32 SOUTH OSPREY AVENUE, SUITE 102  
SARASOTA, FL 34236

**Current Mailing Address:**

32 SOUTH OSPREY AVENUE, SUITE 102  
SARASOTA, FL 34236 US

**FEI Number: 99-1106947**

**Certificate of Status Desired: No**

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

VOGEL, JAMES D  
4099 TAMIAMI TRAIL NORTH, SUITE 403  
NAPLES, FL 34103 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

**Officer/Director Detail :**

Title DV  
Name BRIA, JASON K  
Address 6101 CARNEGIE BOULEVARD, SUITE 180  
City-State-Zip: CHARLOTTE NC 28209

Title DP  
Name OSTERMANN, STEPHEN J  
Address 32 SOUTH OSPREY AVENUE, SUITE 102  
City-State-Zip: SARASOTA FL 34236

Title DST  
Name NANDIGAM, BALA  
Address 2400 HARBOR BLVD., UNIT 12  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN OSTERMANN**

**MANAGER**

**03/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date