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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. BOX 10681
 City or town, state or country, and ZIP + 4
JACKSONVILLE, FL 32247-0681

D Employer identification number
59-2551921

E Telephone number
904-730-8075

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **NAIOPNEFL.COM**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

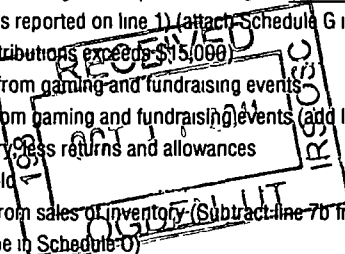
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 104677.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20830.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	31519.
	4	Investment income	4	1260.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	51068.	
6c	Less: direct expenses from gaming and fundraising events	6c	54324.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-3256.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50353.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	17615.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	27465.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	132.
	16	Other expenses (describe in Schedule O)	16	66244.
	17	Total expenses. Add lines 10 through 16	17	111456.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-61103.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	299390.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	238287.

SCANNED NOV 08 2011 Revenue



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	299390.	238287.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	299390.	238287.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	299390.	238287.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CHAPTER MEETINGS PROVIDE EDUCATIONAL AND NETWORKING OPPORTUNITIES FOR NORTHEAST FLORIDA PROFESSIONALS IN THE COMMERCIAL AND INDUSTRIAL REAL ESTATE INDUSTRY.	28a	13581.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	13581.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHUCK WHITE, 10407 CENTURIAN PKWAY #110, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.
OLIVER BARAKAT 225 WATER ST, JACKSONVILLE, FL 32202	DIRECTOR 0.50	0.	0.	0.
ERIK SHARPE 950 E BAY ST, JACKSONVILLE, FL 32202	PAST PRES./DIR. 0.50	0.	0.	0.
JOSEPH NEWELL, 701 W ADAMS ST, JACKSONVILLE, FL 32204	TREASURER 0.50	0.	0.	0.
KARL HANSON, 10151 DEERWOOD PARK BLVD, JACKSONVILLE, FL 32256	PRESIDENT 0.50	0.	0.	0.
KATE CLIFFORD, 484 JACKSONVILLE DR., JACKSONVILLE, FL 32250	DIRECTOR 0.20	0.	0.	0.
JEFF CONN, 6675 CORP. CTR PKWAY, STE 100, JACKSONVILLE, FL 32216	DIRECTOR 0.20	0.	0.	0.
MIKE HEISE, 4875 BELFORT RD, STE 110, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.
RYAN FOSTER, 2900 HARTLEY RD, JACKSONVILLE, FL 32257	SEC. 0.50	0.	0.	0.
PETER ANDERSON, 4102 BULLS BAY HWAY, JACKSONVILLE, FL 32219	DIRECTOR 0.20	0.	0.	0.
GORDON W STEADMAN JR, 701 W ADAMS ST, JACKSONVILLE, FL 32204	PRES. ELECT 0.50	0.	0.	0.
JIM SEBESTA, 10739 DEERWOOD PK BLVD #103, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X		
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ <u>JOE NEWELL, TREASURER</u> Telephone no. ▶ <u>904-353-6500</u> Located at ▶ <u>701 W ADAMS ST, JACKSONVILLE, FL</u> ZIP + 4 ▶ <u>32204</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42b	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ 42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/> N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
44c	c Did the organization receive any payments for indoor tanning services during the year? 44c		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		

NAIOP OF NORTHEAST FLORIDA, INC.
 FORMERLY NAIOP - NORTHEAST FL CHAPTER

Form 990-EZ (2010)

59-2551921

Page 4

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A


(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Date 10/12/2011
 R. JOSEPH NEWEN, TREASURER, NAIOP NE FLORIDA
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name FREDRICK J. WAINIO JR.	Preparer's signature 	Date 10-5-11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name TAYLOR WAINIO & NEVILLE, P.A.	Firm's address 320 HIGH TIDE DR., SUITE 201 ST. AUGUSTINE, FL 32080-2309	Firm's EIN	Phone no. 904-484-5008	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

NAIOP OF NORTHEAST FLORIDA, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING & FALL GOLF TO (event type)	NAIOP AWARDS DINNER (event type)	4 (total number)		
Revenue	1	Gross receipts	40572.	8776.	1720.	51068.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	40572.	8776.	1720.	51068.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2410.			2410.
	6	Rent/facility costs	19246.	10858.	3000.	33104.
	7	Food and beverages	349.			349.
	8	Entertainment				
	9	Other direct expenses	3449.	11491.	3521.	18461.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(54324)
11	Net income summary. Combine line 3, column (d), and line 10				-3256.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

NAIOP OF NORTHEAST FLORIDA, INC.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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Name of the organization **NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER** Employer identification number
59-2551921

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1260.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: NAIOP OF FLORIDA

AFFILIATE ADDRESS: 6107 B MEMORIAL HWY TAMPA, FL 33615

PURPOSE OF PAYMENT: STATE DUES

AMOUNT OF PAYMENT: 12060.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE NAME: NORTHEAST FLORIDA SCHOLARSHIP FUND

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH - COLLEGE SCHOLARSHIP

DATE OF GIFT: 03/03/11

AMOUNT GIVEN: 2500.

ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS

GRANTEE NAME: MALIVAI WASHINGTON KIDS FOUNDATION

GRANTEE ADDRESS: 109 W 6TH ST JACKSONVILLE, FL 32209

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/25/10

AMOUNT GIVEN: 1560.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization **NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER** Employer identification number
59-2551921

ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS

GRANTEE NAME: BOYS AND GIRLS CLUBS N E FL

GRANTEE ADDRESS: 1300 RIVERPLACE BLVD JACKSONVILLE, FL 32207

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/25/10

AMOUNT GIVEN: 1096.

ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS

GRANTEE NAME: PINE CASTLE INC

GRANTEE ADDRESS: 4911 SPRING PARK RD JACKSONVILLE, FL 32207

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH FOR XMAS PARTY AND COSTUME RENTAL

DATE OF GIFT: 12/15/10

AMOUNT GIVEN: 399.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5555.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

TELEPHONE 2465.

WEBSITE HOSTING/UPDATES 5617.

MEETINGS EXPENSE 26902.

CONFERENCES/CONVENTIONS 3410.

T-SHIRTS/MISC. 504.

BANK/CREDIT CARD SERVICES 1010.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	NAIOP OF NORTHEAST FLORIDA, INC. FORMERLY NAIOP - NORTHEAST FL CHAPTER	Employer identification number 59-2551921
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SUPPLIES	1105.
NAME BADGES	638.
MISCELLANEOUS	843.
DUES	4750.
REIMBURSEMENT TO AGENCY ACCOUNT	19000.
TOTAL TO FORM 990-EZ, LINE 16	66244.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NAIOP - NORTHEAST FLORIDA CHAPTER IS A REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS. IT PROVIDES EDUCATION, NETWORKING AND COMMUNICATION, AND PROMOTES PUBLIC POLICY FOR COMMERCIAL REAL ESTATE PROFESSIONALS IN NORTHEAST FLORIDA. ITS MEMBERS PROMOTE RESPONSIBLE AND SUSTAINABLE DEVELOPMENT THAT CREATES JOBS. THE NAIOP SUPPORTS DIVERSITY WITHIN THE INDUSTRY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return See instructions.	Name of exempt organization NAIOP OF NORTHEAST FLORIDA, INC. FORMERLY NAIOP - NORTHEAST FL CHAPTER	Employer identification number 59-2551921
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 10681	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32247-0681	

Enter the Return code for the return that this application is for (file a separate application for each return) ... 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOE NEWELL, TREASURER

• The books are in the care of ▶ **701 W ADAMS ST - JACKSONVILLE, FL 32204**
 Telephone No. ▶ **904-353-6500** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

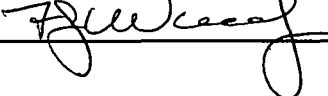
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER NEEDS ADDITIONAL TIME TO COMPILE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ **CPA** Date ▶ **8-14-11**