

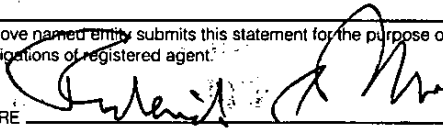
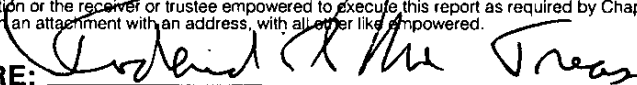


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2005 90013 022 ****61.25

DOCUMENT # 770263					
1. Entity Name WORTH PROFESSIONAL PARK ASSOCIATION, INC.					
Principal Place of Business 3046 S. CONGRESS AVE LAKE WORTH, FL 33461			Mailing Address 3046 S. CONGRESS AVE LAKE WORTH, FL 33461		
2. Principal Place of Business 3199 Lake Worth Rd		3. Mailing Address 3199 Lake Worth Rd			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Lake Worth, FL 33461		City & State Lake Worth, FL 33461		03052005 Chg-NP CR2E037 (10/03)	
Zip 33461		Country USA		4. FEI Number 65-0122657	
Zip 33461		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'ANGIO, ROBERT A JR 685 ROYAL PALM BEACH BLVD SUITE 205 ROYAL PALM BEACH, FL 33411			Name Roderick C Moe CPA PA		
			Street Address (P.O. Box Number is Not Acceptable) 3199 Lake Worth Road		
			Suite 3		
			City Lake Worth		
			FL		
			Zip Code 33461		
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: 				DATE: 3/7/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINER, ERIC M	NAME			
STREET ADDRESS	3199 LAKE WORTH RD	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PISANI, ANTHONY	NAME			
STREET ADDRESS	3199 LAKE WORTH RD	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'BRIEN, ROBERT	NAME			
STREET ADDRESS	4620 LEE HWY, STE 202	STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, VA	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELPEDES, FELIX	NAME			
STREET ADDRESS	3199 LAKE WORTH RD	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 				DATE: 3/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 561 586-3413	