

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005119**

1. Entity Name

BLOUNT INDUSTRIAL CENTER ASSOCIATION, INC.



Principal Place of Business

1002 E. NEWPORT CENTER DR., STE 100  
POMPANO BEACH, FL 33069

Mailing Address

HAAG MANAGEMENT INC  
2295 NW CORPORATE BLVD, STE 138  
BOCA RATON, FL 33431



01062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3789743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAAG MANAGEMENT INC  
2295 NW CORPORATE BLVD  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOYD, BRIAN  
STREET ADDRESS 2721 NW 19TH ST  
CITY- ST- ZIP POMPAN0 BEACH, FL 33069

TITLE VD  
NAME ORLANDO, BOB  
STREET ADDRESS 2703 NW 19TH ST  
CITY- ST- ZIP POMPAN0 BEACH, FL 33069

TITLE STD  
NAME GOLDBERG, ROBERT  
STREET ADDRESS 2761 NW 19TH ST  
CITY- ST- ZIP POMPAN0 BEACH, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000395771  
01/27/06-800006-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_