


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 043 ****61.25

DOCUMENT # N03000010809					
1. Entity Name TRACTS C & D OF POMPANO INDUSTRIAL PARK ASSOCIATION, INC.					
Principal Place of Business 1096 E NEWPORT CENTER DR, STE 100 DEERFIELD BEACH, FL 33442			Mailing Address 1096 E NEWPORT CENTER DR, STE 100 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE		3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE			
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100			
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL			
Zip 33073		Country USA		4. FEI Number 20-2908722	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COKER, RICHARD G JR ESQ 1404 S ANDREWS AVE FT LAUDERDALE, FL 33316-1840			7. Name and Address of New Registered Agent		
Name			Name		
Street Address			Street Address		
City			City		
State			State		
Zip Code			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, DAVID		NAME		
STREET ADDRESS	20 EGLINTON AVE W, STE 1600		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, CA M4R 2H1		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTTERS, MALCOLM		NAME	Malcolm Butters	
STREET ADDRESS	1096 E NEWPORT CENTER DR, STE 100		STREET ADDRESS	6820 Lyons Tech Cir. #100	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHITIS, LEO		NAME		
STREET ADDRESS	3129 N 29TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		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		
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 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 another like empowered.					
SIGNATURE: _____		M. Butters		4/28/06 954-570-2111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	