


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 027 ****61.25

DOCUMENT # N03000010809

1. Entity Name
 TRACTS C & D OF POMPANO INDUSTRIAL PARK ASSOCIATION, INC.



Principal Place of Business
 6820 LYONS TECHNOLOGY CIRCLE
 100
 POMPANO BEACH, FL 33073

Mailing Address
 6820 LYONS TECHNOLOGY CIRCLE
 100
 POMPANO BEACH, FL 33073

2. Principal Place of Business - No P.O. Box #
 1750 University Dr #205

3. Mailing Address
 1750 University Dr #205

Suite, Apt. #, etc.
 205

Suite, Apt. #, etc.
 205

City & State
 Coral Springs FL


City & State
 Coral Springs FL

Zip
 33071

Country
 USA

Zip
 33071

Country
 USA



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-2908722

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

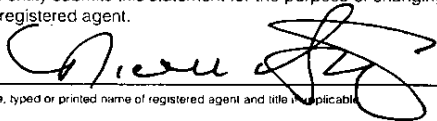
Name
 Swift Management Solutions

Street Address (P.O. Box Number is Not Acceptable)
 1750 University Dr #205

City
 Coral Springs FL

Zip Code
 33071

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 3-7-08

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, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZWEIG, MURRAY 3452 NW 27TH AVENUE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURTADO, SHARI LYNN 6820 LYONS TECHNOLOGY CIRCIE SUITE 100 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael Maguire 2501 N. W. 34th Place #35 Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Alex Lucio 18065 Long Lake Drive Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3/7/08 DAYTIME PHONE # 9543416340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR