# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2009**
**Secretary of State**

DOCUMENT# N03000010809

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

**Current Principal Place of Business:**

1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number: 20-2908722** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR, # 205
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MAQUIRE, MICHAEL
Address: 2501 NW 34TH PLACE, # 35
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: ZWEIG, MURRAY
Address: 3452 NW 27TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: CURCIO, ALEX
Address: 18065 LONGLALLE DRIVE
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MAGUIRE P 01/23/2009

Electronic Signature of Signing Officer or Director Date