


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-14-2005 90085 020 ****61.25

DOCUMENT # N04000003010 1. Entity Name HIGH RIDGE II COMMERCE CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 4150 S.W. 28TH WAY FT. LAUDERDALE, FL 33312				Mailing Address 4150 S.W. 28TH WAY FT. LAUDERDALE, FL 33312	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1475 W Cypress Creek Rd 202 Suite, Apt. #, etc. City & State Fort Lauderdale FL Zip Country 33309 USA			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____					
Filing Fee is \$61.25 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WISE, SETH M 4150 S.W. 28TH WAY FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOCHMAN, JASON 4150 S.W. 28TH WAY FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILBERT, GLEN R 1750 EAST SUNRISE BLVD. FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66021165



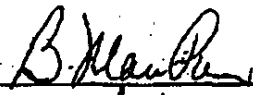
05242005 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
56-2454171 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT 66021165
NR4000003010

HIGH RIDGE II COMM CTR ASSOC INC

High Ridge II Comm Ctr Owner's c/o CPMA 1475 W Cypress Creek Road Suite 202 Fort Lauderdale, FL 33309		Mark Adams 701 W Cypress Creek Road Fort Lauderdale, FL 33309 267083783		40056004	1090
**** SIXTY ONE AND 25/100 DOLLARS		DATE		AMOUNT	
TO THE ORDER OF		04/06/05		\$61.25*****	
Florida Dept of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500					

Ck: 1090 - \$61.25 - 04/22/05