


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 1475 W CYPRESS CREEK RD 202 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 3485 High Ridge Road		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Baynton Beach, FL		City & State			
Zip 33426		Country USA		4. FEI Number 56-2454171	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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)					
Amended AR is \$61.25		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 PD NAME WISE, SETH M STREET ADDRESS 4150 S.W. 28TH WAY CITY-ST-ZIP FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Robert Lipton STREET ADDRESS 8126 Desmond Drive CITY-ST-ZIP Baynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HOCHMAN, JASON STREET ADDRESS 4150 S.W. 28TH WAY CITY-ST-ZIP FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Andrew Harris STREET ADDRESS 27 Echo Lane CITY-ST-ZIP Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME GILBERT, GLEN R STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Ronen Rubin STREET ADDRESS 2634 NW 49th Street CITY-ST-ZIP Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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: _____			Pres 8/23/05 561-704-1105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED
 05 SEP -7 PM 1:30
 TALLAHASSEE, FLORIDA

W. Hobbs SEP 12 2005



08232005 Chg-NP CR2E037 (10/03)