
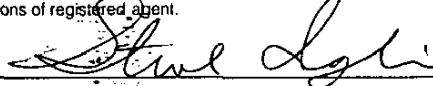
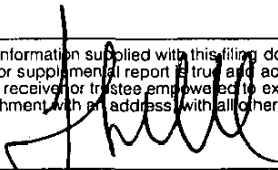


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90244 025 ****61.25

DOCUMENT # N04000011047			
1. Entity Name CONTRACTORS BUSINESS PARK VISTA CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2950 JOG ROAD GREENACRES, FL 33467		Mailing Address 2950 JOG ROAD GREENACRES, FL 33467	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1930 COMMERCE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE #1	
City & State		City & State Jupiter FL	
Zip	Country	Zip	Country
		33458	US
4. FEI Number 20-2736433		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name STEVE INGLIS	
		Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LANE STE #1	
		City Jupiter FL	
		Zip Code 33458	
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 			
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		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 P	KLINKER, JAMES <input type="checkbox"/> Delete	TITLE Treas/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2731 VISTA PARKWAY #D-10		NAME Thayne M. Brunsvold	
CITY-ST-ZIP WEST PALM BEACH, FL 33411		STREET ADDRESS 4691 Manderly Dr.	
		CITY-ST-ZIP Wellington, FL 33411	
TITLE D	BLANTON, DANIEL <input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2950 JOG ROAD		NAME CRAIG GOVAN	
CITY-ST-ZIP GREENACRES, FL 33467		STREET ADDRESS 7316 SAN SEBASTIAN DR	
		CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE D	BRYSON, ERIK <input checked="" type="checkbox"/> Delete	TITLE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2950 JOG ROAD		NAME GREGORY TZUCANOW	
CITY-ST-ZIP GREENACRES, FL 33467		STREET ADDRESS 1041 W. COMMERCIAL BLVD STE #101	
		CITY-ST-ZIP FT LAUDERDALE FL 33306	
TITLE D	GOTTHELF, BILL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2950 JOG ROAD		NAME	
CITY-ST-ZIP GREENACRES, FL 33467		STREET ADDRESS	
		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 all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	