


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

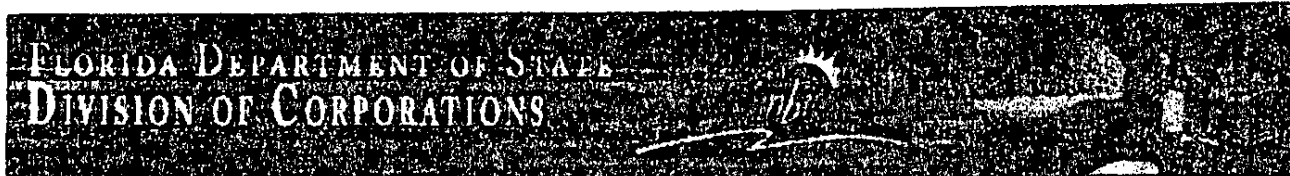
**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90034 016 \*\*\*\*70.00

66008728



<b>DOCUMENT # N05000011721</b>			
1. Entity Name MCNAB COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 7101 W MCNAB RD #200 TAMARAC, FL 33321	
Mailing Address 7101 W MCNAB RD #200 TAMARAC, FL 33321		2. Principal Place of Business - No P.O. Box # 401 SE 3rd Avenue	
3. Mailing Address same		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State	
Zip 33060		Country Broward	
4. FEI Number 20-2329237		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 ZIPPIN, ROBERT S ESQ. 7101 W MCNAB RD #200 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: Roberta Lett Street Address (P.O. Box Number Not Acceptable): 401 SE 3rd Avenue City: Pompano Beach FL Zip Code: 33060	
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: <i>Roberta Lett</i> DATE: 4/27/08 <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RUNDLE, TERENCE STREET ADDRESS: P.O. BOX 770397 CITY-ST-ZIP: CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: JOOY JOHNSON STREET ADDRESS: 1532 SW 7th AVE CITY-ST-ZIP: Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTSD NAME: RUNDLE, JOAN STREET ADDRESS: P.O. BOX 770397 CITY-ST-ZIP: CORAL SPRINGS, FL 33077	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: WAYNE JENKINS STREET ADDRESS: 630 SW 7th Avenue CITY-ST-ZIP: Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ZIPPIN, ROBERT S STREET ADDRESS: 7101 W MCNAB RD #200 CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE: ST. Secretary NAME: Jeannie Somerville STREET ADDRESS: 1540 SW 7th Avenue CITY-ST-ZIP: Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: ROBERTA LETT STREET ADDRESS: 401 SE 3rd Avenue CITY-ST-ZIP: Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: <i>Roberta Lett</i>		TREASURER 4/27/08 954-782-0640	



Home Contact Us E-Filing Services Document Searches Forms H

### Annual Report Online Filing

Document Number N05000011721

Business Entity Name MCNAB COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

FEI Number

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

#### Principal Place of Business

Address 401 SE 3rd Avenue (PO Box not acceptable)

Suite, Apt. #, etc.

City, State Pompano Beach, FL

Zip Code & Country 33060

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address 401 SE 3rd Avenue

Suite, Apt. #, etc.

City, State Pompano Beach, FL

Zip Code & Country 33060

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) Lett, Roberta

- OR -

Business to serve as RA

**ATTACHMENT**

66008728  
# NO 5000011721

Minutes of meeting held on November 7<sup>th</sup> 2007 for McNab Commerce Center.

In attendance: Jodi Johnson, Jeannie Somerville, Mat Meyer, Wayne Jenkins, Jackie Kiernan, Anna Arenas, Terry Rundle.

Members present decide to keep the budget amount for 2008 the same as 2007.

To help maintain security we request that the gates are kept locked in the evenings and at the weekend.

The election of officers were as follows:

President. Jodi Johnson  
Vice pres. Wayne Jenkins  
Secretary. Jeannie Somerville  
Treasurer. Roberta Lett

Roberta Lett has agreed to take over the managers position, paying the invoices and bookkeeping.. I anticipate that the bank balance will be approx. \$8,500 at year end.

ATTACHMENT  
66008728  
#N05000011721

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

T

Officer/Director Signature

Roberta Lett

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Home Contact us Document Searches E-Filing Services Forms Help  
Copyright and Privacy Policies  
Copyright © 2007 State of Florida, Department of State.

# ATTACHMENT 66008728

# N0500001172

Street Address in Florida 401 SE 3rd Avenue (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State Pompano Beach FL  
Zip Code & Country 33060 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Roberta Lett

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

## Officer/Director Name And Address

### Name And Address #1

Title P  
Name (Last, First, Middle, Title) Johnson Jodi

- OR -

Entity Name to serve as Officer/Director

Street Address 1532 SW 7th Avenue  
City, State Pompano Beach FL  
Zip Code & Country 33060

### Name And Address #2

Title VP  
Name (Last, First, Middle, Title) Jenkins Wayne

- OR -

Entity Name to serve as Officer/Director

Street Address 1530 SW 7th Avenue  
City, State Pompano Beach FL  
Zip Code & Country 33060

### Name And Address #3

Title S

ATTACHMENT  
00008728  
# NOS000011721

Name (Last, First, Middle, Title) Somerville, Jeannie

- OR -

Entity Name to serve as Officer/Director

Street Address 1540 SW 7th Avenue  
City, State Pompano Beach, FL  
Zip Code & Country 33060

**Name And Address #4**

Title T  
Name (Last, First, Middle, Title) Lett, Roberta

- OR -

Entity Name to serve as Officer/Director

Street Address 401 SE 3rd Avenue  
City, State Pompano Beach  
Zip Code & Country 33060

**Name And Address #5**

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

**Name And Address #6**

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address