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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46950**

1. Corporation Name

**PARK OF COMMERCE ASSOCIATION, INC.**

Principal Place of Business

ATTENTION: LEGAL DEPT.  
7900 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434  
US

Mailing Address

ATTENTION: LEGAL DEPT.  
7900 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434  
US



2. Principal Place of Business

21 4497 Park Drive

Suite, Apt. #, etc.

22

City & State

23 Norcross, Georgia

Zip

24 30093

Country

25 USA

2a. Mailing Address

26 215 North Eola Drive

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32801

Country

30 USA

3. Date Incorporated or Qualified

01/23/1992

4. FEI Number

65-0417286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BARIC, JOHN  
7900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name Jon C. Yergler

82 Street Address (P.O. Box Number is Not Acceptable)  
215 North Eola Drive

83

84 City Orlando

FL

85 Zip Code  
32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jon C. Yergler

2/6/99

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ~~PASKOW, ROY~~

STREET ADDRESS 550 BAY ISLES ROAD

CITY-ST-ZIP LONGBOAT KEY FL

TITLE VTD ☒ DELETE

NAME ~~MARKO, CAROLE~~

STREET ADDRESS 7900 GLADES ROAD, S-200

CITY-ST-ZIP BOCA RATON FL

TITLE VSD ☒ DELETE

NAME ~~COLLINS, STEVE~~

STREET ADDRESS 11770 U.S. HIGHWAY 1

CITY-ST-ZIP N. PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Rettig, Julia S.

1.3 STREET ADDRESS 4102 Park Oaks Blvd.

1.4 CITY-ST-ZIP Tampa, Florida 33619

2.1 TITLE VP/D ☐ Change ☒ Addition

2.2 NAME Coleman, John

2.3 STREET ADDRESS 1025 Greenwood Blvd., Suite 175

2.4 CITY-ST-ZIP Lake Mary, Florida 32746

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Graham, Charles

3.3 STREET ADDRESS 13350 International Parkway

3.4 CITY-ST-ZIP Jacksonville, Florida 32218

4.1 TITLE S/T ☐ Change ☒ Addition

4.2 NAME Coleman, Christine

4.3 STREET ADDRESS 4102 Park Oaks Blvd.

4.4 CITY-ST-ZIP Tampa, Florida 33619

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Julia S. Rettig, President 2/26/99

(813) 630-2425

Date

Daytime Phone #

CR2E037 (11/98)