

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001703

Entity Name: T-REX CORPORATE CENTER ASSOCIATION, INC.**Current Principal Place of Business:**5000 T-REX AVE, STE 100
BOCA RATON, FL 33431**Current Mailing Address:**5000 T-REX AVE, STE 100
BOCA RATON, FL 33431**FEI Number:** 02-0594730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCRADY, REGAN
BOCA RATON INNOVATION CAMPUS
5000 T-REX AVE, STE 100
BOCA RATON, FL 33431 US*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.***SIGNATURE:** REGAN MCCRADY

01/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	ROUKIS, MICHAEL
Address	5355 TOWN CENTER ROAD STE 350
City-State-Zip:	BOCA RATON FL 33486
Title	VP
Name	ALONSO, MARLENE
Address	6820 LYONS TECHNOLOGY CIRCLE SUITE 100
City-State-Zip:	COCONUT CREEK FL 33073

Title	VP
Name	REESE, BRETT
Address	5355 TOWN CENTER ROAD, SUITE 350
City-State-Zip:	BOCA RATON FL 33486
Title	S
Name	AINOR, MARQUEZ
Address	6820 LYONS TECHNOLOGY CIRCLE SUITE 100
City-State-Zip:	COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRETT REESE

V

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date