

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011721

**Entity Name:** MCNAB COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC1691738302**

**Current Principal Place of Business:**

401 SE 3RD AVE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

401 SE 3RD AVE  
POMPANO BEACH, FL 33060

**FEI Number: 20-2329237**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LETT, ROBERTA  
401 SE 3RD AVE  
POMPANO BEACH, FL 33060 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LETT, DALE L PRES  
Address 1538 SW 7 AVE  
City-State-Zip: POMPANO BEACH FL 33060

Title VP  
Name SOMERVILLE, ROBERT VICE PRES  
Address 1540 SW 7 AVE  
City-State-Zip: POMPANO BEACH FL 33060

Title S  
Name SOMERVILLE, JEANNIE  
Address 1540 SW 7 AVE  
City-State-Zip: POMPANO BEACH FL 33060

Title T  
Name LETT, ROBERTA  
Address 401 SE 3 AVE  
City-State-Zip: POMPANO BEACH FL 33060

*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: DALE L. LETT**

**PRESIDENT**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date