



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 043 ****70.00

DOCUMENT # 748576 1. Entity Name SOUTH CONGRESS INDUSTRIAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.																																																																																																					
Principal Place of Business 1002 SEA SAGE DRIVE DELRAY BCH, FL 33483				Mailing Address 1002 SEA SAGE DRIVE DELRAY BCH, FL 33483																																																																																																	
2. Principal Place of Business 6640 East Rogers Circle Suite, Apt. #, etc.		3. Mailing Address 285 Royal Palm Way Suite, Apt. #, etc.																																																																																																			
City & State Boca Raton FL Zip 33487		City & State Boca Raton, FL Zip 33432		4. FEI Number 59-2116692																																																																																																	
Country USA		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent BAUER, WILLIAM R 1002 SEA SAGE DR DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name THOMAS L. LAIRD Street Address (P.O. Box Number is Not Acceptable) 285 Royal Palm Way Boca Raton City Boca Raton FL Zip Code 33432																																																																																																	
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 Thomas L. Laird, THOMAS L. LAIRD, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/27/05																																																																																																	
Filing Fee is \$81.25 Due by May 1, 2005		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																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP					
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12. 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 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: Thomas L. Laird, President THOMAS L. LAIRD 2/27/05 561-395-1299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																					