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Secretary of State
03-21-2007 90045 041 ****61.25

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748576

1. Entity Name
SOUTH CONGRESS INDUSTRIAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

66009744

Principal Place of Business	Mailing Address
6530 W. ROGERS CIRCLE, #31 BOCA RATON, FL 33487	6530 W. ROGERS CIRCLE, #31 BOCA RATON, FL 33487

01222007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2116892
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAIRD, THOMAS L
285 ROYAL PALM WAY
BOCA RATON, FL 33432

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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 4/3/07 4/16/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAIRD, THOMAS L.
STREET ADDRESS	285 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	GRANT, JOHN JR
STREET ADDRESS	3333 N FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: Thomas L. Laird 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR Date Daytime Phone #