

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# 769618

Entity Name: PALM BEACH PARK OF COMMERCE ASSOCIATION, INC.

**Current Principal Place of Business:**

14703 PARK OF COMMERCE RD  
JUPITER, FL 33478 US

**New Principal Place of Business:**

14703 PARK OF COMMERCE BLVD  
JUPITER, FL 33478 US

**Current Mailing Address:**

PO BOX 30249  
PALM BCH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 59-2209244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

S & K PROPERTY MANAGEMENT INC.  
150 ALHAMBRA CIR  
STE 800  
MIAMI, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: LEON, MONICA  
Address: 150 ALHAMBRA CIRCLE, STE 800  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete  
Name: WILLIAMS, VIVIAN  
Address: 648 PALERMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPSD ( ) Delete  
Name: STOCK, VERENA  
Address: 150 ALHAMBRA CIRCLE SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONICA LEON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/28/2004

\_\_\_\_\_  
Date