## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000000249

Apr 04, 2005 Secretary of State

Entity Name: POMPANO BUSINESS CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3424 PEACHTREE RD. N.E., STE. 1500 ATLANTA, GA 30326

**Current Mailing Address: New Mailing Address:** 

3424 PEACHTREE RD. N.E., STE. 1500 ATLANTA, GA 30326

FEI Number: 58-2536642 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition HELMS, SCOTT ZEHL, RICHARD Name: Name: 110 SATELLITE BLVD. Address: 515 EAST LAS OLAS BLVD. Address: City-St-Zip: SUWANEE, GA 30174 City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VD () Delete Title: (X) Change ( ) Addition

ZEHL, RICHARD Name: RYAN, GREG Name:

Address: 151 EAST LAS OLAS BLVD. SUITE 960 Address: 3424 PEACHTREE RD. NE. STE.1500

City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: ATLANTA, GA 30326

Title: () Delete Title: (X) Change ( ) Addition RYAN, GREGORY J HOSMAN, JOSHUA Name: Name:

3424 PEACHTREE RD. N.E., STE. 1500 Address: Address:

3424 PEACHTREE RD. N.E., STE. 1500

City-St-Zip: ATLANTA, GA 30326 City-St-Zip: ATLANTA, GA 30326

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition

Name: HOSMAN, JOSHUA Name: PONTIUS, PAUL

3424 PEACHTREE RD. N.E., STE. 1500 3424 PEACHTREE RD. N.E., STE. 1500 Address: Address:

City-St-Zip: ATLANTA, GA 30326 City-St-Zip: ATLANTA, GA 30326

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: JOSHUA HOSMAN TD 04/04/2005