

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000249

FILED
Mar 08, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2536642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: PD () Delete
Name: ZEHL, RICHARD
Address: 515 EAST LAS OLAS BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP () Delete
Name: ERHARDT, GWEN
Address: 3424 PEACHTREE RD. NE, STE.1500
City-St-Zip: ATLANTA, GA 30326

Title: TD () Delete
Name: PITTMAN, MARNI
Address: 3424 PEACHTREE RD. N.E., STE. 1500
City-St-Zip: ATLANTA, GA 30326

Title: SD () Delete
Name: TECKIE, FEVEN
Address: 3424 PEACHTREE RD. N.E., STE. 1500
City-St-Zip: ATLANTA, GA 30326

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:

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 Chapter 119, 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: FEVEN TECKIE

SD

03/08/2007

Electronic Signature of Signing Officer or Director

Date