

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007088

1. Entity Name
PORT 95 SOUTH ASSOCIATION, INC.



Principal Place of Business
**C/O OAK CONSTRUCTION CO., INC.
4000 SW 30 AVE., BAY 1
FT LAUDERDALE, FL 33312**

Mailing Address
**C/O OAK CONSTRUCTION CO., INC.
4000 SW 30 AVE., BAY 1
FT LAUDERDALE, FL 33312**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1111377** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEDRANO, CHARLES
4000 SW 30 AVE.
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MEDRANO, CHARLES
STREET ADDRESS 4000 SW 30 AVE
CITY - ST - ZIP FT LAUDERDALE, FL 33312

TITLE VD
NAME LEVINSON, PAUL
STREET ADDRESS 4000 SW 30 AVE
CITY - ST - ZIP FT LAUDERDALE, FL 33312

TITLE TSD
NAME KENNEDY, RICK
STREET ADDRESS 4000 SW 30 AVE
CITY - ST - ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000427791
02/21/06-80021-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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-sister like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06
Date

954-583-9625
Daytime Phone #