

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 002 ****61.25

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**

4001124J



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1111377 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MEDRANO, CHARLES 4000 SW 30 AVE FT LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD KENNEDY, RICK 4080 SW 30 AVE FT LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Sec wallace Parrish 4030 SW 30 AVE 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 | |

**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 other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08 **954-583-9625**
Date Daytime Phone #