

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

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007410

1. Entity Name
**ROYAL PALM BEACH INDUSTRIAL PARK PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**751 PARK OF COMMERCE DRIVE SUITE 128
BOCA RATON, FL 33487**

Mailing Address
**751 PARK OF COMMERCE DRIVE SUITE 128
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1055102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLMAN, NANCY B ESQ
150 EAST PALMETTO PARK ROAD SUITE 401
BOCA RATON, FL 33432**

**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 \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000097217
03/26/04-90030-014 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PECHTER, MARTIN 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PECHTER, JEFFREY 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD BLOCK, STEVE 751 PARK OF COMMERCE DRIVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

3/15/04 561-982-7770