



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90073 014 \*\*\*\*70.00

<b>DOCUMENT # N00000007410</b> 1. Entity Name <b>ROYAL PALM BEACH INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487</b>			Mailing Address <b>751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>8135 LAKE WORTH RD SUITE B LAKE WORTH FL 33467 USA</b>		3. Mailing Address <b>8135 LAKE WORTH RD SUITE B LAKE WORTH FL 33467 USA</b>			
02042005 Chg-NP CR2E037 (10/03)				4. FEI Number <b>65-1055102</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COLMAN, NANCY B ESQ 150 EAST PALMETTO PARK ROAD SUITE 401 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PECHTER, MARTIN 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD PECHTER, JEFFREY 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8135 LAKE WORTH RD-STE B LAKE WORTH FL 33467</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOD BLOCK, STEVE 751 PARK OF COMMERCE DRIVE BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8135 LAKE WORTH RD-STE B LAKE WORTH FL 33467</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/29/05</b> <b>561-357-0121</b> <small>Date Daytime Phone #</small>		