

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007410

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



Principal Place of Business

**8135 LAKE WORTH RD
SUITE B
LAKE WORTH, FL 33467**

Mailing Address

**8135 LAKE WORTH RD
SUITE B
LAKE WORTH, FL 33467**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
1075 BROKEN SOUND PKWY. NE
SUITE 102
BOCA RATON, FL 33487**

**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 PD
NAME PECHTER, MARTIN
STREET ADDRESS 751 PARK OF COMMERCE DRIVE SUITE 128
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VSTD
NAME PECHTER, JEFFREY
STREET ADDRESS 8135 LAKE WORTH RD STE B
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE CFOD
NAME BLOCK, STEVE
STREET ADDRESS 8135 LAKE WORTH RD STE B
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000828289
02/25/08-80006-009 70.00

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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

2/12/08

(Date)

561-357-0121

Daytime Phone #