

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

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N00168

1. Entity Name
COMMERCE CENTER ASSOCIATION, INC



Principal Place of Business
**PO BOX 190363
FORT LAUDERDALE, FL 33319**

Mailing Address
**PO BOX 190363
FORT LAUDERDALE, FL 33319**



04122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2346950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARTER, IAN S
1089 SUNSET STRIP
SUNRISE, FL 33313**

**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 reappointing)

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 CARTER, IAN S
STREET ADDRESS PO 190363
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE STD
NAME CARTER, LILIA
STREET ADDRESS PO BOX 190363
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE D
NAME JACOBS, DR. JON
STREET ADDRESS 1085 SUNSET STRIP
CITY-ST-ZIP SUNRISE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000508722
04/28/06-80011-023 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 other like empowered.

SIGNATURE: Ian S. Carter Ian S. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 (954) 791-8806

Date

Daytime Phone #