


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N00926 1. Entity Name TRAIL PARK OF COMMERCE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business
222 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address
222 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442



01222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2443383	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, SY
222 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000654412

03/13/07-80053-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GORDON, SY 222 S. MILITARY TRAIL DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATT, JAMIE 361 GOOLSBY BLVD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, TED 278 S MILITARY TRAIL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, RON 238 S MILITARY TRAIL DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOTYPKA, MARK 275 GOOLSBY BLVD DEERFIELD BCH, FL
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

Date

Daytime Phone #

SEYMOUR GORDON

2/28/07

954
428-9552