


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 012 ****61.25


DOCUMENT # N00926
 1. Entity Name
 TRAIL PARK OF COMMERCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 222 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

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

DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2443383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: *Sydney Gordon* DATE: 1/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ST
NAME	GORDON, SY
STREET ADDRESS	222 S. MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	RD
NAME	MATT JAMIE Raed Bakouni
STREET ADDRESS	361 COOLSBY BLVD 206 S. Military Trail
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	XVP
NAME	ALEXANDER, TED
STREET ADDRESS	278 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	MARTIN, RON
STREET ADDRESS	238 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	D
NAME	VOTYPKA, MARK Jack Anderson
STREET ADDRESS	276 COOLSBY BLVD 292 S. Military Trail
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
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: *Sydney Gordon* DATE: 1/28/08 917-428-9552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #