


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N01000001968	
1. Entity Name WOODBIDGE COMMERCE CENTER PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 6221 WEST ATLANTIC BLVD MARGATE, FL 33063	Mailing Address 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2374602	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QURESHI, DENISE 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, DENISE 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, MAHAMMAD A 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDIQUI, SHAHIDA A 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/07-80018-006 70.00

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: Denise Qureshi Denise Qureshi 4-26-07 954-977-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #