2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001968

1. Entity Name
WOODBRIDGE COMMERCE CENTER PROPERTY
OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6221 WEST ATLANTIC BLVD MARGATE, FL 33063	6221 WEST ATLANTIC BLVD MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

04142008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
56-2374602	Not Applicable

5. Certificate of Status Desired   ☒ **$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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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

05/21/08-80126-015 70.00

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	D
NAME	QURESHI, DENISE
STREET ADDRESS	6221 WEST ATLANTIC BLVD
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	D
NAME	QURESHI, MAHAMMAD A
STREET ADDRESS	6221 WEST ATLANTIC BLVD
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	D
NAME	SIDDIQUI, SHAHIDA A
STREET ADDRESS	6221 WEST ATLANTIC BLVD
CITY-ST-ZIP	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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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   4-23-08   954-933-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   x103