


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90552 031 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N02000000797</b><br>1. Entity Name<br>MIDWAY COMMERCE CENTER PROPERTY OWNERS<br>ASSOCIATION, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>500 AUSTRALIAN AVE SO STE 120<br>WEST PALM BEACH, FL 33401 | Mailing Address<br>500 AUSTRALIAN AVE SO STE 120<br>WEST PALM BEACH, FL 33401 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-NP CR2E037 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>03-0424372                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent  
  
RHODES, PAUL  
500 AUSTRALIAN AVE SO STE 110  
WEST PALM BEACH, FL 33401

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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

|   |  |
|---|--|
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>RHODES, PAUL<br>500 AUSTRALIAN AVE SO STE 120<br>WEST PALM BEACH, FL 33401     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LARSON, SALLY A<br>500 AUSTRALIAN AVE SO STE 120<br>WEST PALM BEACH, FL 33401   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LEDGISTER, ALICIA<br>500 AUSTRALIAN AVE SO STE 120<br>WEST PALM BEACH, FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Paul Rhodes 4-15-05 84-659-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #