

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

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

DOCUMENT # N02000000797

1. Entity Name
**MIDWAY COMMERCE CENTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**500 AUSTRALIAN AVE SO STE 120
WEST PALM BEACH, FL 33401**

Mailing Address
**500 AUSTRALIAN AVE SO STE 120
WEST PALM BEACH, FL 33401**



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0424372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RHODES, PAUL
500 AUSTRALIAN AVE SO STE 110
WEST PALM BEACH, FL 33401**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RHODES, PAUL
STREET ADDRESS 500 AUSTRALIAN AVE SO STE 120
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME LARSON, SALLY A
STREET ADDRESS 500 AUSTRALIAN AVE SO STE 120
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME LEDGISTER, ALICIA
STREET ADDRESS 500 AUSTRALIAN AVE SO STE 120
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000757376
05/23/07-80069-004 61.25

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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 #