

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
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



01292008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000939165
05/28/08-80017-011 61.25

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	

**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:

Sally Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Larson

4-21-08

561-656-5400

Date

Daytime Phone #