2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N02000000797

Entity Name: MIDWAY COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0424372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RHODES, PAUL
500 AUSTRALIAN AVE SO STE 120
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: PAUL RHODES 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RHODES, PAUL
Address: 500 AUSTRALIAN AVE SO STE 120
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: LARSON, SALLY A
Address: 500 AUSTRALIAN AVE SO STE 120
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: LEDGISTER, ALICIA
Address: 500 AUSTRALIAN AVE SO STE 120
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL RHODES PD 03/13/2009
Electronic Signature of Signing Officer or Director Date