

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 020 ****61.25

DOCUMENT # N02000002151 1. Entity Name DEPOT WAREHOUSE CENTER ASSOCIATION, INC.					
Principal Place of Business 777 S FEDERAL HWY FT LAUDERDALE, FL 33316			Mailing Address 777 S FEDERAL HWY FT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3035225	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSE, HEINO 4900 N. OCEAN BLVD. #617 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Joseph M. Balocco, Jr. Street Address (P.O. Box Number is Not Acceptable) 1323 SE 3rd Avenue City Fort Lauderdale FL Zip Code 33316	
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 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ROSE, HEINO STREET ADDRESS 4900 N. OCEAN BLVD. #617 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE PSTD NAME Shannon, Earl T. STREET ADDRESS 140 Royal Palm Way, Suite 202 CITY-ST-ZIP Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLBIK, GOFFREDO STREET ADDRESS 750 MIDDLE RIVER DRIVE CITY-ST-ZIP FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			Earl T. Shannon		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-3-2006		
Daytime Phone #			Daytime Phone #		