

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90261 019 ****61.25

DOCUMENT # N02000003442

1. Entity Name
CONTRACTORS BUSINESS PARK POMPANO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442

Mailing Address
1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #
601 N. CONGRESS AVENUE SUITE # 425

3. Mailing Address
601 N. CONGRESS AVENUE SUITE # 425

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL


Zip
33445

Country
USA

Zip
33445

Country
USA

40077353



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
27-0024031

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KAY, JAMES R
 KAY LAW OFFICES
 700 VILLAGE SQUARE CROSSING, SE 102B
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
JOSEPH L. SWIATEK

Street Address (P.O. Box Number is Not Acceptable)
1039 N. W. 31ST AVENUE

City
POMPANO BEACH

FL

Zip Code
33069

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 *Joseph L. Swiatek* **JOSEPH L. SWIATEK, PRES.**

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

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD REIBLING, GEUNTHER 1350 EAST NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> GOVAN, CRAIG 1350 EAST NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD KASSOF, LINDA 1350 EAST NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/PRES JOSEPH L. SWIATEK 1039 N.W. 31 ST AVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VICE PRES GERALD G. MACERA 660 ENFIELD ST BOCA RATON, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/TREAS. JIM GREEN 953 N.W. 31 ST AVE POMPANO BEACH FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/SECRETARY TOM FRANKLIN 1035 N.W. 51 ST ST CORAL GABLES FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: *Thomas A. Swiatek* **3/15/07 954 783 8012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #