

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005135

1. Entity Name
**CONGRESS BUSINESS CENTER PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1300 N CONGRESS AVE
W PALM BCH, FL 33409**

Mailing Address
**1300 N CONGRESS AVE
W PALM BCH, FL 33409**



06272006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2675515

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**KERR, JAMES E
1300 N CONGRESS AVE
W PALM BCH, FL 33409**

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000567773
06/30/06-80002-005 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
KERR, JAMES E
1300 N CONGRESS AVE
W PALM BCH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSV
KOEHLER, DENNIS ESQUIRE
1280 N CONGRESS AVE
W PALM BCH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEEDLE, ROBERT
5201 VILLAGE BLVD
W PALM BCH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E KERR 6/30/2006 689-8608