

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
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



03192007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2675515

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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03/30/07-80094-008 70.00

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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

JAMES E. KERR

3/19/2007
Date

772
288-2560
Daytime Phone #