
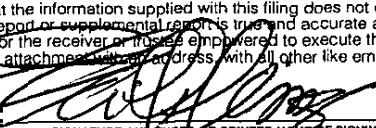


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90148 043 ****61.25

DOCUMENT # N02000009621 1. Entity Name HAVERHILL COMMERCE PARK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O NASON, YEAGER, ET. AL. 1645 PALM BEACH LAKES BLVD. #1200 WEST PALM BEACH, FL 33401			Mailing Address C/O NASON, YEAGER, ET. AL. 1645 PALM BEACH LAKES BLVD. #1200 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0221445 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARMOUR, ALAN I II C/O NASON, YEAGER, ET. AL. 1645 PALM BEACH LAKES BLVD. #1200 WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, EDWARD S		NAME		
STREET ADDRESS	C/O 1645 PALM BEACH LAKES BLVD. #1200		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEILBACK, ANTHONY E		NAME		
STREET ADDRESS	C/O 1645 PALM BEACH LAKES BLVD. #1200		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLUNG, ANDREA J		NAME		
STREET ADDRESS	C/O 1645 PALM BEACH LAKES BLVD. #1200		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.					
SIGNATURE 			EDWARD S. WILLIAMS, PRESIDENT 4/24/04 (60) 684-5811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

24069157



01062004 Chg-NP CR2E037 (10/03)