

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90092 010 \*\*\*\*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  
**631 US HWY ONE  
Suite, Apt. #, etc.  
SUITE 406**

3. Mailing Address  
**631 US HWY ONE  
Suite, Apt. #, etc.  
SUITE 406**

04082005 Chg-NP CR2E037 (10/03)

City & State  
**NORTH PALM BEACH FLORIDA**

City & State  
**NORTH PALM BEACH FLORIDA**

4. FEI Number  
**20-0221445**

Applied For  
☐ Not Applicable

Zip  
**33408**

Country  
**USA**

Zip  
**33408**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ARMOUR, ALAN I II  
C/O NASON, YEAGER, ET. AL.  
1645 PALM BEACH LAKES BLVD. #1200  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name **WILLIAMS, EDWARD S.**

Street Address (P.O. Box Number is Not Acceptable)  
**631 U.S. HWY ONE**

**SUITE 406**

City **NORTH PALM BEACH FL** Zip Code **33408**

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 **EDWARDS, WILLIAMS, PRES. 4/05/05**  
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, 2005**

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 ☐ Delete  
NAME **PD WILLIAMS, EDWARD S**  
STREET ADDRESS **C/O 1645 PALM BEACH LAKES BLVD. #1200**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME **VD FEILBACK, ANTHONY E**  
STREET ADDRESS **C/O 1645 PALM BEACH LAKES BLVD. #1200**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME **STD MCCLUNG, ANDREA J**  
STREET ADDRESS **C/O 1645 PALM BEACH LAKES BLVD. #1200**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **631 US HWY ONE, SUITE 406**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **631 US HWY ONE, SUITE 406**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **631 US HWY ONE, SUITE 406**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an address, with all other like-empowered.

SIGNATURE: **EDWARD S. WILLIAMS, PRESIDENT 4/05/05 (561)848-8760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #