

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004095

FILED
Feb 26, 2008
Secretary of State

Entity Name: WINGATE COMMERCE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5249 N. HIATUS ROAD
SUNRISE, FL 33351

New Principal Place of Business:

5299 N. HIATUS ROAD
SUNRISE, FL 33351

Current Mailing Address:

1065 NE 204TH TERRACE
MIAMI, FL 33179

New Mailing Address:

5299 N. HIATUS ROAD
SUNRISE, FL 33351

FEI Number: 75-3116217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TKACH, CONRAD
1065 NE 204TH TERRACE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SCHATZBERG, MICHAEL
5299 HIATUS RD
SUNRISE, FL 33351 US

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.

SIGNATURE: MICHAEL SCHATZBERG

02/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIAD, ALAKKAM
Address: 5249 N. HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: SCHATZBERG, MICHAEL
Address: 5249 N. HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: TKACH, CONRAD
Address: 5249 N. HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICHAEL, SCHATZBERG
Address: 10709 EL PARAISO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCHATZBERG

D

02/26/2008

Electronic Signature of Signing Officer or Director

Date