


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90184 041 ****61.25

DOCUMENT # N03000005303 1. Entity Name THE SHOPS OF SAN MARCO PROFESSIONAL OFFICES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409			Mailing Address 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		4. FEI Number 65-1197756	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRANE, ROBERT L 515 NORTH FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D BENTZ, ROBERT A <input checked="" type="checkbox"/> Delete 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 MARC-ANDRE BOISSEAU 2101 CENTREPARK W. DR. WEST PALM BEACH FL 33412	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LELONEK, JOSEPH D <i>Remain</i> <input checked="" type="checkbox"/> Delete 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P ID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition →	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBENSTEIN, RICHARD DR. <i>Remain</i> <input checked="" type="checkbox"/> Delete 13660 JOG ROAD, SUITE 7/8 DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec ID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition →	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-07 361-478 8801 <small>Date Daytime Phone #</small>		