


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005303</b> 1. Entity Name <b>THE SHOPS OF SAN MARCO PROFESSIONAL OFFICES PROPERTY OWNERS' ASSOCIATION, INC.</b>	
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<b>Principal Place of Business</b> 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409	<b>Mailing Address</b> 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1197756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L  
515 NORTH FLAGLER DRIVE 18TH FLOOR  
WEST PALM BEACH, FL 33401

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOISSEAU, MARC-ANDRE 2101 CENTREPARK W. DR. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LELONEK, JOSEPH D 2101 CENTREPARK WEST DRIVE SUITE 100 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RUBENSTEIN, RICHARD DR. 13660 JOG ROAD, SUITE 7/8 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000781727  
01/15/08-80046-010 61.25

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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:** \_\_\_\_\_ **1/8/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #