


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 020 \*\*\*\*61.25

<b>DOCUMENT # N03000008331</b> 1. Entity Name <b>WORTHINGTON COMMERCE PARK OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487</b>	Mailing Address <b>6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487</b>
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**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>56-2424818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEDER, SEAN M 6530 WEST ROGERS CIRCLE SUITE #31 BOCA RATON, FL 33487</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDER, SEAN M 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEDER, SAMUEL E 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUTTERS, MALCOLM S 1096 E. NEWPORT DRIVE #100 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/4/06</b> <small>Date</small>	<small>Daytime Phone #</small>
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