

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008331

1. Entity Name

WORTHINGTON COMMERCE PARK OWNERS
ASSOCIATION, INC.



Principal Place of Business

6530 WEST ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487

Mailing Address

6530 WEST ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487



01222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2424818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDER, SEAN M
6530 WEST ROGERS CIRCLE
SUITE #31
BOCA RATON, FL 33487

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEDER, SEAN M
STREET ADDRESS	6530 WEST ROGERS CIRCLE #31
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	VD
NAME	LEDER, SAMUEL E
STREET ADDRESS	6530 WEST ROGERS CIRCLE #31
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	ST
NAME	BUTTERS, MALCOLM S
STREET ADDRESS	1096 E. NEWPORT DRIVE #100
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000666389
03/23/07-80067-017 61.25

**DO NOT WRITE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/07

561-995-7878