

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 015 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**4755 Technology Way Ste. 202 - 4755 Technology Way Ste. 202**  
**Boca Raton, FL 33431-3338 - Boca Raton, FL 33431-3338**

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2424818**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street **4755 Technology Way Ste. 202**  
**Boca Raton, FL 33431-3338**  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/28/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD LEDER, SEAN M 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEDER, SAMUEL E 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BUTTERS, MALCOLM S 1096 E. NEWPORT DRIVE #100 DEERFIELD BEACH, FL 33442	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sean Leder 2/28/08* **561-995-7878**