2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001108

1. Entity Name
NU BUILDINGS COMMERCE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1351 SW 4TH CT BOCA RATON, FL 33432	1351 SW 4TH CT BOCA RATON, FL 33432

02132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-2094280
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUZZO, MARK
1351 SW 4TH CT
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PTSD
NAME	NUZZO, MARK
STREET ADDRESS	1351 SW 4TH CT
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	ADDIS, LINDA
STREET ADDRESS	5127 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33069
TITLE	S
NAME	CIGNA, MARY
STREET ADDRESS	5145 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33069
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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02/28/06-00001-024 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: Mark Nuzzo 2/13/06 561 393 6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #