2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003010

FILED Apr 15, 2009 Secretary of State

Entity Name: HIGH RIDGE II COMMERCE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3485 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 1475 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 FEI Number: 56-2454171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Delete () Change () Addition GOLD, JAY Name: Name: 3495 HIGH RIDGE ROAD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: VD Title: (X) Change () Addition () Delete Name: HARRIS, ANDREW Name: LIEB, HOWARD Address: 27 ECHO LANE Address: 3459 HIGH RIDGE ROAD City-St-Zip: MELVILLE, NY 11747 City-St-Zip: BOYNTON BEACH, FL 33426 Title: STD () Delete Title: (X) Change () Addition RUBIN, RONEN R RUBIN, RONEN R Name: Name: 2634 NW 49TH STREET 2634 NW 49TH STREET Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 Title: PD (X) Delete Title: () Change () Addition Name: RUBIN, RONEN R Name: Address: 2634 NW 49TH STREET Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONEN RUBIN P 04/15/2009