

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006716

1. Entity Name
BANKS BUISNESS PARK OWNERS ASSOCIATION, INC.



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| Principal Place of Business 13865 W DIXIE HWY N MIAMI, FL 33161 | Mailing Address 13865 W DIXIE HWY N MIAMI, FL 33161 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 20-1408928 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SARAGA & LIPSHY, P.A.
 201 NE FIRST AVE
 DELRAY BEACH, FL 33444**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

U00000856842
 03/28/08-80027-016 61 25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SPENO, THOMAS R 13865 W DIXIE HWY N MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SPENO, LAURA M 13865 W DIXIE HWY N MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SPENO, LAUREN A 13865 W DIXIE HWY N MIAMI, FL 33161 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Thomas R. Speno **3/10/08** **305893-0996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #