

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 020 ****61.25

14006731



04212005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000008956	
1. Entity Name FLORANADA COMMERCE CENTER ASSOCIATION, INC.	



Principal Place of Business 1099 N.E. 46TH STREET OAKLAND, FL 33334	Mailing Address 1099 N.E. 46TH STREET OAKLAND, FL 33334
---------------------------------------------------------------------------	---------------------------------------------------------------

2. Principal Place of Business 1015 NE 46th Court	3. Mailing Address 1015 NE 46th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oakland Pk, FL	City & State Oakland Pk, FL
Zip 33334	Country USA

4. FEI Number 52-2451487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEONARD, C. GLENN 1995 EAST OAKLAND PARK BLVD, SUITE 105 FORT LAUDERDALE, FL 33306	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
-----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEONARD, C. GLENN 1995 EAST OAKLAND PARK BLVD, SUITE 105 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST LEONARD, C. GLENN 1995 EAST OAKLAND PARK BLVD, SUITE 105 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTEL, CAROL 1995 EAST OAKLAND PARK BLVD, SUITE 105 FT. LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENEDETTO, MARIANNE 1995 EAST OAKLAND PARK BLVD, SUITE 105 FT. LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P GRACIAS, Victor M. 1015 NE 46th Court FT. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T POLL, FRANK A. 1015 NE 46th Court FT. Lauderdale, FL 33334

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank A. Poll **4-21-05** **(954) 568-1334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #