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Secretary of State

01-09-2006 90038 020 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # N04000010616

1. Entity Name
PALM GROVE BUSINESS PARK I PROPERTY OWNERS ASSOCIATION, INC.

66000574

Principal Place of Business	Mailing Address
7320 GRIFFIN ROAD, SUITE 203 DAVIE, FL 33314	7320 GRIFFIN ROAD, SUITE 203 DAVIE, FL 33314

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc. 14201 W. Sunrise Blvd Suite 201		Suite, Apt. #, etc. 14201 W. Sunrise Blvd Suite 201	
City & State Sunrise, FL 33323		City & State Sunrise, FL 33323	
Zip	Country	Zip	Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number ~~APPLIED FOR~~ 56-2555852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARR, DANIEL A 7320 GRIFFIN ROAD, SUITE 203 DAVIE, FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) 14201 W. Sunrise Blvd Suite 201 City Sunrise, FL 33323 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

Filing Fee is $61.25
Due by May 1, 2006

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 GOSE, MARK E 503 NORTH EUCALYPTUS STREET SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CREED, JERE 1755 SE 7TH STREET FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] PRES 1/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

66000574
EIN 40000106/6

Jan 26 06 05:05p Dan Bar ATTACHMENT 954-236-5717 p.1

Form **SS-4** (Rev December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

TYPE OR PRINT CLEARLY

1 Legal name of entity (or individual) for whom the EIN is being requested
PALM GROVE BUSINESS PARK I PROPERTY OWNERS ASSOCIATION EIN 56-2555852 1/27/2006

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, 'care of' name
DANIEL A. BARR

4a Mailing address (room, apartment, suite number, and street, or P.O. box)
14201 W. SUNRISE BLVD, SUITE 201

5a Street address (if different) (do not enter a P.O. box)

4b City State ZIP Code
FORT LAUDERDALE FL 33323

5b City State ZIP Code

6 County and state where principal business is located
HIGHLANDS, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
DANIEL A. BARR, TREASURER

7b SSN, ITIN, or EIN
265-76-3430

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ► _____
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☒ Other (specify) ► PROPERTY OWNERS ASSOCIATION
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State FLORIDA; Foreign country

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ► PROPERTY OWNERS ASSOCIATION
- ☐ Hired employees (check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ►
- ☐ Banking purpose (specify purpose) ► _____
- ☐ Changed type of organization (specify new type) ► _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ► _____
- ☐ Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year)
01/01/06

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)* ►

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter '0'* ►

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☒ Other (specify) PROPERTY OWNERS ASSOC.

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
PROPERTY OWNERS ASSOCIATION

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If 'Yes,' please complete lines 16b and 16c.

16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name ►
Trade name ►

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
DANIEL A. BARR	(954) 236-0170
Address and ZIP code	**Designee's fax number (include area code)**
14201 W. SUNRISE BLVD, SUITE 201, SUNRISE, FL 33323	(954) 236-5717

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)
(954) 236-0170

Name and title (type or print clearly) ► DANIEL A. BARR, TREASURER

Signature ► _____ Date ► 01/27/06

Applicant's fax number (include area code)
(954) 236-5717

OFFICER TED FAX

BAA For Privacy and Paperwork Reduction Act Notice, see separate instructions. FDIZ2901 07/24/02 Form SS-4 (Rev 12-2001)