

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N04060

1. Entity Name
OAK RIDGE BUSINESS PARK OWNERS ASSOCIATION, INC.



Principal Place of Business

1860 OLD OKEECHOBEE
SUITE 204
WEST PALM BEACH, FL 33409 US

Mailing Address

1860 OLD OKEECHOBEE
SUITE 204
WEST PALM BEACH, FL 33409 US



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2634811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WECHSLER, DAN
1860 OLD OKEECHOBEE RD., #106
WEST PALM BEACH, FL 33409

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCAFFEE, ROBERT JR.
STREET ADDRESS	1860 OLD OKEECHOBEE #205
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	P
NAME	WECHSLER, DAN
STREET ADDRESS	1860 OLD OKEECHOBEE RD. #106
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	ST
NAME	GRUBER, DAVID
STREET ADDRESS	1860 OLD OKEECHOBEE RD. #204
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	T
NAME	GRUBER, PATRICIA
STREET ADDRESS	1860 OLD OKEECHOBEE RD. #205
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000247510
03/01/05-80026-003 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #