
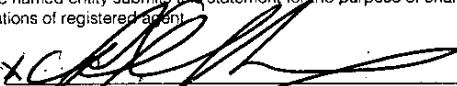



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90161 016 ****61.25

DOCUMENT # N05000004146 1. Entity Name PLANTATION BUSINESS CENTER OWNERS ASSOCIATION, INC.																																																																																																																										
Principal Place of Business 521 NE 11TH AVENUE FORT LAUDERDALE, FL 33301			Mailing Address 521 NE 11TH AVENUE FORT LAUDERDALE, FL 33301																																																																																																																							
2. Principal Place of Business 10187 Cleary Blvd Suite, Apt. #, etc. #101			3. Mailing Address 10187 Cleary Blvd Suite, Apt. #, etc. #101																																																																																																																							
City & State PLANTATION, FL			City & State PLANTATION, FL																																																																																																																							
Zip 33324		Country USA		Zip 33324																																																																																																																						
Country USA		4. FEI Number 08-0625578																																																																																																																								
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent HOWE, JASON W 521 NE 11TH AVENUE FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Paul A. Heinemann Street Address (P.O. Box Number is Not Acceptable) 10187 Cleary Blvd Suite 101 City Plantation FL Zip Code 33324																																																																																																																							
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																						
Filing Fee is \$61.25 Due by May 1, 2006		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																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD HEINEMANN, PAUL A DR.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">741 W. TROPICAL WAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PLANTATION, FL 33317</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SOTO, ERNIE DR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">100 NW 82 AVE., STE. 203</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PLANTATION, FL 33324</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">VALHEJO, FREDDY DR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">600 SOUTH PINE ISLAND ROAD, #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PLANTATION, FL 33324</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Mr. Joe Quarcino</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">12360 NW 7 Ct</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">PLANTATION, FL 33325</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	PD HEINEMANN, PAUL A DR.	<input type="checkbox"/> Delete	STREET ADDRESS	741 W. TROPICAL WAY		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	D	<input type="checkbox"/> Delete	NAME	SOTO, ERNIE DR.		STREET ADDRESS	100 NW 82 AVE., STE. 203		CITY-ST-ZIP	PLANTATION, FL 33324		TITLE	D	<input type="checkbox"/> Delete	NAME	VALHEJO, FREDDY DR.		STREET ADDRESS	600 SOUTH PINE ISLAND ROAD, #201		CITY-ST-ZIP	PLANTATION, FL 33324		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Mr. Joe Quarcino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	12360 NW 7 Ct		STREET ADDRESS	PLANTATION, FL 33325		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 addressee, with all other like empowered.																																																																																																																										
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-25-06 Daytime Phone # 9545778736																																																																																																																						