

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-22-2006 90026 041 ****61.25

3/2:

DOCUMENT # N05000009867					
1. Entity Name COMMERCIAL PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1937 EAST ATLANTIC BOULEVARD SUITE 9 POMPANO BEACH FL 33360			Mailing Address 1937 EAST ATLANTIC BOULEVARD SUITE 9 POMPANO BEACH FL 33360		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. i CHANGE of Place of Business & Mailing Address. 2101 N Andrews Ave, Suite 107					
City & State Wilton Manors, FL 33311					
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">51-0572294</div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSCH, RICK 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311			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 renewing) DATE _____					
FILE NOW: 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GROSCH, RICK 1937 EAST ATLANTIC BOULEVARD, SUITE 9 POMPANO BEACH FL 33360		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, V.P., S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEESON, JAMES M JR. 1937 EAST ATLANTIC BOULEVARD, SUITE 9 POMPANO BEACH FL 33360		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEESON, JAMES B 1937 EAST ATLANTIC BOULEVARD, SUITE 9 POMPANO BEACH FL 33360		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>			3/16/2006		954-523-8953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

66010439

From the Desk of Sue Halpin

954-563-8953

Fax: 563-8052

Friday, April 07, 2006

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

ATTACHMENT

Reference Number: N05000009867

Commercial Place Condominium Association, Inc.

Attached please find a corrected Annual Report/Uniform Business Report.
We have applied for and entered the Federal Employer Identification
Number as requested.

Please note that we have made "title" additions in Section 11. All Director
names remain the same, however, they have new titles.

If you have any questions, please call.

Sue Halpin
Project Coordinator