

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90012 046 ****61.25

DOCUMENT # N05000009867			
1. Entity Name COMMERCIAL PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2101 N ANDREWS AVE, STE 107 WILTON MANORS, FL 33311		Mailing Address 2101 N ANDREWS AVE, STE 107 WILTON MANORS, FL 33311	
2. Principal Place of Business - Alt. 1400 E. Oakland Park Blvd - Suite, Apt. #, etc. Ste 210		1400 E. OAKLAND PK BLVD Suite 210	
City & State Oakland Park, Florida 33334		City & State OAKLAND PARK FL	
Zip USA		Zip 33334 USA	
4. FEI Number 51-0572294		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 GROSCH, RICK 1937 EAST ATLANTIC BOULEVARD SUITE 9 POMPANO BEACH, FL 33360		7. Name and Address of New Registered Agent Name Street 1400 E. Oakland Park Blvd Suite 210 City Oakland Park, Florida 33334 Zip Code	
8. The above-named agent submits the fee of changing its registered office or registered agent, or both, to the Secretary of State, and accepts the obligations of a registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 DVPS NAME GROSCH, RICK STREET ADDRESS 2101 N ANDREWS AVE, STE 107 CITY-ST-ZIP WILTON MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1400 E. Oakland Park Blvd CITY-ST-ZIP Suite 210 Oakland Park, Florida 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME BEESON, JAMES M JR STREET ADDRESS 2101 N ANDREWS AVE, STE 107 CITY-ST-ZIP WILTON MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1400 E. Oakland Park Blvd CITY-ST-ZIP Suite 210 Oakland Park, Florida 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BEESON, JAMES B STREET ADDRESS 2101 N ANDREWS AVE, STE 100 CITY-ST-ZIP WILTON MANORS, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1400 E. Oakland Park Blvd CITY-ST-ZIP Suite 210 Oakland Park, Florida 33334	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-22 08 <small>Date Daytime Phone #</small>	