

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90007 030 ****61.25

DOCUMENT # N05000012674

1. Entity Name
WEST PALM COMMERCE PARK CONDO ASSOCIATION, INC.



Principal Place of Business
**1500 SAN REMO AVENUE SUITE 300
 CORAL GABLES, FL 33146**

Mailing Address
**1500 SAN REMO AVENUE SUITE 300
 CORAL GABLES, FL 33146**

66008056



2. Principal Place of Business
631 US Highway 1

Suite, Apt. #, etc.
Suite 406

City & State
North Palm Beach, FL

Zip
33408

Country
Palm Beach

3. Mailing Address
631 US Highway 1

Suite, Apt. #, etc.
Suite 406

City & State
North Palm Beach, FL

Zip
33408

Country
Palm Beach

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2939146

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**O'CONNELL, MICHAEL ESQ
 1500 SAN REMO AVENUE SUITE 300
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name
WALTER MACKAY

Street Address (P.O. Box Number is Not Acceptable)
631 US Highway ONE

406

City
N. Palm Beach FL Zip Code
33408

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  DATE **3/17/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, WALTER 804 OLD DIXIE HWY., STE. 1 LAKE PARK, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ED 804 OLD DIXIE HWY., STE. 1 LAKE PARK, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, GEOFF 804 OLD DIXIE HWY., STE. 1 LAKE PARK, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 631 US Highway ONE # 406 N. Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 631 U.S. Highway ONE # 406 N. Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 631 US Highway ONE # 406 N. Palm Beach FL 33408
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"/> Change <input type="checkbox"/> Addition
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 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 prepare 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, name or other like information.

SIGNATURE:  DATE **3/17/06** DAYTIME PHONE # **561-848-8760**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR