

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2009  
Secretary of State**

DOCUMENT# N05000012674

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

**Current Principal Place of Business:**

631 US HWY 1  
SUITE 406  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

631 US HWY 1  
SUITE 406  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 56-2605110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKEY, WALTER J JR  
631 US HWY ONE  
#406  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MACKEY, WALTER J JR  
Address: 631 US HWY 1, #406  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: WILLIAMS, E D  
Address: 631 US HWY 1, #406  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Delete  
Name: COLLINS, GEOFF  
Address: 631 US HWY 1, #406  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COLLINS, GEOFF  
Address: 631 US HWY 1, #406  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J MACKEY JR

D

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date