

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/9/2007-90031-003-\$70.00-\$70.00

DOCUMENT # N06000004897					
1. Entity Name WALLACE DRIVE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % JIM ZENGAGE 1120 SOUTH FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483			Mailing Address % JIM ZENGAGE 1120 SOUTH FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02032007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZENGAGE, JIM % SOUTHERN DEVELOPMENT SERVICES, INC. 1120 SOUTH FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483			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 reappointing) DATE					
Filing Fee is \$81.25 Due by May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZENGAGE, JIM 1120 S. FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SMITH, RANDALL K 2200 CORPORATE DRIVE BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2200 Corporate Drive Boynton Beach, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTCHISON, GRAHAM 1120 S. FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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:			Jim Zengage 2/5/07 561-278-3100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

07 FEB 23 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

