2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90033 049 ****61.25



| 1. Entity Name WEST PARK INDUSTRIAL CENTER II ASSOCIATION, INC. | | | | | | | գղս | LU- | | | |
|--|--|---|--|--|---|------------------------------|--------------------------------|----------------|----------------------------|--|--|
| Principal Place of Business 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442 Mailing Address 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442 | | | | | | TE 100 | 400 | | | | |
| 2. Principal Place of Business - No P.O. Box # G. Mairing Address 585 \$ 581 Nercandle PL Haza Management TAK | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 2295 NW Corporate Blade | | | | | | 01242007 | Chg-NP | CR2E03 | 7 (12/06) | | |
| Port St. Lucie | | Boca Rato | | n, FL | | 4. FEI Number Zo - 55 | 9728 | 36 | No | plied For t Applicable | |
| Zip | | Country | 3343 | 1 3 | Country Ou Beach | -us | <u> </u> | Status Desired | , , | 8.75 Add ee Require | |
| | 6. Name | and Address of Current | Registered Agent | <u> </u> | C/ame, i | | 7. Name and A | | Registered A | gent | |
| STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442 Street Aldress (PQ. Box Number is Not Acceptable) BLVD. Stute 138 | | | | | | | | | 138 | | |
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| 8. The above named entity sulfnits 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 Signature. Wheeler printed name is registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 9. Election Camp Trust Fund Co | | | | | | | | | | | |
| | _ | | | | | | \$5.00 May Be Added to Fees | FI | Make check orida Depart | | |
| 10. | Due by M | | Tru | st Fund Contri | ibution. | | | | orida Depart | ment of SI | tate |
| TITLE | Due by M | OFFICERS AND DIF | Tru | st Fund Contri | ibution. 11. IIILE | | Added to Fees | | orida Depart | ment of St | tate |
| | DP ELLMAN, 1002 EAS DEERFIE | flay 1, 2007 | RECTORS D | st Fund Contri | ibution. | | Added to Fees | | orida Depart | ment of SI | tate |
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indicated on this report or supplemental report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR