

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06045</b>	
1. Entity Name R.J.S. COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 5415 NW 15 ST. MARGATE, FL 33063	Mailing Address 5415 NW 15 ST. MARGATE, FL 33063



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2778219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  DIXON, S 5415 NW 15 ST #25 MARGATE, FL 33063
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>2/3/05</i> DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, S. 5415 NW 15 ST, STE 25 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELANDIA, FREDY 190 SW 76 TERR. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, ANDREA 3517 MAHOGANY WAY CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TACKORE, KEELING 9033 NW 53 ST. CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000218996 02/08/05-80009-021 61.25
<b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>2/3/05</i> DAYTIME PHONE # <i>904979-3874</i>