2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N06045

1. Entity Name
R.J.S. COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5415 NW 15 ST. MARGATE, FL 33063	5415 NW 15 ST. MARGATE, FL 33063

04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2778219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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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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: STANFORD DIXON 4/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	DIXON, S.
STREET ADDRESS	5415 NW 15 ST, STE 25
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	VELANDIA, FREDY
STREET ADDRESS	190 SW 76 TERR.
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	SD
NAME	SANDERS, ANDREA
STREET ADDRESS	3517 MAHOGANY WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	TD
NAME	TACKORE, KEELING
STREET ADDRESS	9033 NW 53 ST.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80105-004 61.25

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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: STANFORD DIXON 4/11/06 954 779-3574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #