## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # N14511 Secretary of State 1. Entity Name **BOCA OFFICE AND WAREHOUSE PARK CORPORATION** Principal Place of Business Mailing Address 6401 E ROGERS CIRCLE 6401 E ROGERS CIRCLE **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE) Number Applied For 59-2724142 Not Applicable Ζιρ Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROCK, BILL 6401 E. ROGERS CIRCLE Street Address (P.O. Box Number is Not Acceptable) **SUITE #16 BOCA RATON FL 33487** 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 Signature, typed or printed name of registered agent and this a appropable (NOTE: Registered Agent signaline registed when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE filte ☐ Change Addition 🔲 BROCK, BILL NAME NAME 6401 E. ROGERS CIR. #16 STREET ADDRESS STREET ADDRESS H00000455349 CITY-ST-ZIP **BOCA RATON FL 33487** CiTY-SI-7IP <del>0.7,4</del>5,48 <del>-20055-007</del> TITLE Delete atte LORMAT, MICHAEL NAME NAMI 4800 LYONS TECHNOLOGY PARKWAY #2 STREET ADDRESS STREET AUDRESS COCONUT CREEK FL 33073 CHY-ST-JP C17Y - ST - Z1P TITLE Dolote SILE ☐ Change ☐ Addiji; BROCK, KENDRA NAME STREET ADDRESS 6401 E. ROGERS CIR. #16 STREET ADDRESS CITY-ST-7/P **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete MIE □ Change 🔲 Addition MAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Adding MAME NAME STREET AUDRESS STREET ADDRESS CHY-SI-ZIP CiTY-ST-ZIP ure ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-700 CITY-ST-IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 calling 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 the empowered.

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