

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # N14733

1. Entity Name
PORT COMMERCE CENTER II PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418 US

Mailing Address

5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418 US



01082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0036585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAETA, LOUIS A., JR.
5220 HOOD RD S
SUITE 100
PALM BEACH GARDENS, FL 33418

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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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GAETA, LOUIS A., JR.
5220 HOOD RD SUITE 100
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CROMWELL, HENRY F.
905 US HWY 1 SUITE G
WEST PALM BEACH, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
D'ANGELO, DENNIS
211 WEST SEAVIEW DR.
DUCK KEY, FL 33050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000833991
02/28/08-80034-020 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.