

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90046 033 \*\*\*\*61.25

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<b>DOCUMENT # N15107</b> 1. Entity Name ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC.					
Principal Place of Business 2601 NW 48TH ST POMPANO BEACH, FL 33073 US			Mailing Address 6850 NINETEEN MILE RD. STERLING HEIGHTS, MI 48314		
2. Principal Place of Business 1913 N.W. 40th Court Suite, Apt. #, etc. A		3. Mailing Address Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State		4. FEI Number 58-2176194	
Zip 33064		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MANCINI, DANIEL C 2601 NW 48TH STREET POMPANO BEACH, FL 33073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1913 N.W. 40th Court City Pompano Beach, FL Zip Code 33064	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANKOWSKI, PAUL C JR. 6850 NINETEEN MILE RD. STERLING HEIGHTS, MI 48314	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JANKOWSKI, LISA 6850 NINETEEN MILE RD. STERLING HEIGHTS, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MANCINI, DAVID A 2601 NW 48TH ST. POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANCINI, DANIEL C 2601 NW 48TH ST. POMPANO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>		Daniel C. Mancini		3-19-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	