STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Mar 06, 2006 8:00 am Secretary of State 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19814 1. Entity Name PORT COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.					03-06-2006 90026 001 ****61.25				
3555 NORTI	e of Business HLAKE BLVD BEACH, FL 33403 US	Mailing Address 3555 NORTHLAKE BLVD WEST PALM BEACH, FL			}	1818 1818 1818 1881 1881 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888	i sisii sisii sisii sioii sioii sisii	IAIIRBI BI JEBI	
2. Principal F	Place of Business	3. Mailing Address	<u> </u>						
1959 W.	9th Street, Suite C	1959 W. 9th	Str, Sui	te C				IMUIAT MI INNI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. Riviera Beach, FL 33404		01192006 C	hg-NP	CR2E037 (11/05)		
Riviera Beach, FL 33404 City & State		City & State			4. FEI Number			Applied For	
7.7		4.1, 4.0.1.10			65-003659	7		ot Applicable	
Zip 33404	Country Palm Beach	^{Zip} 33404	Country Palm Bea	ıch	5. Certificate of St	atus Desired	□ \$8.75 A		
	6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New R	Registered Agent		
GARBARINO, ARTHUR P 1964 W. 9TH STREET				Name Wanda S. Buchanan, President Street Address (P.O. Box Number is Not Acceptable)					
RIVIERA E	BEACH, FL 33404				8211 Needles Drive, Palm Beach Gardens,				
			City						
					Beach Gard		FL 3334		
	named entity submits this statement for titions of registered agent.	he purpose of changing its re	egistered office	or register	red agent, or both, in	the State of Flo	orida. I am familiar with	n, and accept	
(iio ooliga	Λ A								
SIGNATURE	wbuchanan	Wan	da S. Bu	chana	n, Preside	nt	March 1,	2006	
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent sign	nature required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	1	lake check payable rida Department of		
10.	OFFICERS AND DIRE		11.	_		ES TO OFFICE	RS AND DIRECTORS		
TITLE NAME	PD GARBARINO, ARTHUR P	Delete	TITLE NAME	1	sident			Addition	
STREET ADDRESS	1964 WEST 9TH ST		STREET ADDRESS		da S. Buch				
CITY+ST-ZIP	WEST PALM BEACH, FL 33404		CITY-ST-ZIP	821	l Needles		TT 22/10		
TITLE NAME	STD SEBOK, LARRY	Delete	TITLE NAME	[m Beach Ca retary/Trea	-	11 33/118 Change	Addition	
STREET ADDRESS	105 PARADISE HARBOR BLVD #	4	STREET ADDRESS	, Hen	ry Cromwel	1			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	PO	Box 60, J	upiter,	FL 33478		
TITLE	VD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	CARLEY, ALBERT G 1956 W 9TH STREET		NAME STREET ADDRESS						
CITY-ST-ZIP	RIVERA BEACH, FL		CITY-ST-ZIP	'					
TITLE		☐ Delete	TITLE	 			☐ Change	Addition	
NAME			NAME				_ •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	3					
TITLE		□ 6 -1-2-	-	-		 	[Ob		
NAME	į	☐ Delete	TITLE NAME				Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

☐ Addition

CITY-ST-ZIP

NAME

SIGNATURE:	woucharan	Wanda S. Buchanan,	President	March 1, 2006	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	IG OFFICER OR DIRECTOR	Date	Daytime Phone #	