

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19814

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** PORT COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1959 W. 9TH STREET  
STE C  
WEST PALM BEACH, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

1959 W. 9TH STREET  
STE C  
WEST PALM BEACH, FL 33404 US

**New Mailing Address:**

**FEI Number:** 65-0036597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCHANAN, WANDA S  
8211 NEEDLED DR  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUCHANAN, WANDA S  
Address: 8211 NEEDLES DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST ( ) Delete  
Name: CROMWELL, HENRY  
Address: P.O BOX 60  
City-St-Zip: JUPITER, FL 33478

Title: VD ( ) Delete  
Name: CARLEY, ALBERT G  
Address: 1956 W 9TH STREET  
City-St-Zip: RIVERA BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA S. BUCHANAN

P

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date