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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21237** (5)

1. Corporation Name

**MURDOCK PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

LEGAL DEPT. 8TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-2461

LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-5417



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified  
**06/22/1987**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-2816103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H  
ATTN: LEGAL DEPARTMENT  
2601 S BAYSHORE DRIVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name **Joel K. Goldman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Legal Dept - 9th flr**  
83 **2601 S. Bayshore Dr**  
84 City **Miami** FL 85 Zip Code **33133**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Joel K. Goldman**

**4-15-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MITCHELL, ALAN L**  
STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DVT** ☒ DELETE

NAME **SPARROW, MARK**  
STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DVS** ☐ DELETE

NAME **GOLDMAN, JOEL K.**  
STREET ADDRESS **2601 S BAYSHORE DRIVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VA** ☐ DELETE

NAME **JEFFREY, THOMAS W**  
STREET ADDRESS **2601 S BAYSHORE DR 9 FL**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/T/D** ☐ Change ☒ Addition

1.2 NAME **CALLIS, CARLETON**  
1.3 STREET ADDRESS **2601 S. Bayshore Dr**  
1.4 CITY-ST-ZIP **Miami FL 33133**

2.1 TITLE **V/AS** ☒ Change ☐ Addition

2.2 NAME **JEFFREY, THOMAS**  
2.3 STREET ADDRESS **2601 S Bayshore Dr**  
2.4 CITY-ST-ZIP **Miami FL 33133**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

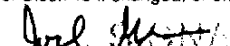
5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Joel K. Goldman, VP**

**4-15-97 305-852407**

CR2E037 (9/96)