




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90124 006 ****61.25

DOCUMENT # N26957 1. Entity Name NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS-SOUTH FLORIDA CHAPTER, INC.					
Principal Place of Business 1500 NW 62ND STREET SUITE 106 FORT LAUDERDALE, FL 33309 US			Mailing Address 1500 NW 62ND STREET SUITE 106 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARR, JOHN H. 1500 NW 62ND STREET SUITE 106 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> JOHN H. PARR, EXEC. DIR. 1-18-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP SHERIDAN, PETER <input type="checkbox"/> Delete 2100 PARK CENTRAL BLVD. #900 POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED PETRY, ANDY <input type="checkbox"/> Delete 2385 EXECUTIVE CENTER DR. #150 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, MARK <input checked="" type="checkbox"/> Delete 2400 N. COMMERCE PARKWAY #405 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PIKE ROWLEY 1300 SAWGRASS CORPORATE PKWY #320 SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IMBRIGIOTTA, SUSAN <input checked="" type="checkbox"/> Delete 1750 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MADELAYNE GARCIA 300 SE 2ND STREET FT. LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MILLER, HARLEY <input checked="" type="checkbox"/> Delete 614 S FEDERAL HIGHWAY FT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EVAN BROOY CPA 19495 BISCAYNE BLVD. - PH 2 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PARR, JOHN H <input type="checkbox"/> Delete 1500 NW 62ND STREET #106 FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:  JOHN H. PARR 1-18-06 954-938-1915 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					