2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# N31192

Entity Name: MARTIN DOWNS BUSINESS PARK ASSOCIATION, INC.

Current Principal Place of Business:

3545 SW CORPORATE PKWY
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1666
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-2946318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUMMINGS, PETER D
3399 PGA BLVD
STE 450
PALM BEACH GARDENS, FL 33410 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:	DST	( ) Delete
Name:	ENGLISH, BETTY,	
Address:	3399 PGA BLVD STE 450	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	P	( ) Delete
Name:	CUMMINGS, PETER D	
Address:	3399 PGA BLVD STE 450	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	D	( ) Delete
Name:	DEAN, DAVID A	
Address:	3399 PGA BLVD, SUITE 450	
City-St-Zip:	WEST PALM BEACH, FL 33410	
Title:	DV	(X) Delete
Name:	KARPINSKI, DANIEL D	
Address:	3399 PGA BLVD, SUITE 450	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	DEAN, DAVID A	
Address:	3399 PGA BLVD, SUITE 450	
City-St-Zip:	WEST PALM BEACH, FL 33410	
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 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 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: DAVID A. DEAN VP 09/07/2005

Electronic Signature of Signing Officer or Director — Date