
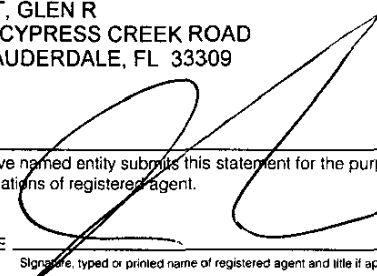
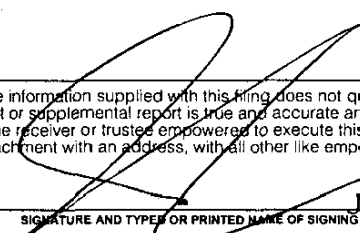


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 003 ****61.25

DOCUMENT # N46351			
1. Entity Name CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business 2100 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309		Mailing Address P.O. BOX 5403 FT. LAUDERDALE, FL 33310	
2. Principal Place of Business 1350 NE 56 Street Suite, Apt. #, etc. Suite 200 City & State Ft. Lauderdale, FL 33334		3. Mailing Address 1350 NE 56 Street Suite, Apt. #, etc. Suite 200 City & State Ft. Lauderdale FL 33334	
Zip 33334		Country USA	
Zip 33334		Country USA	
4. FEI Number 65-0384705		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, GLEN R 2100 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Abdo, John E. Street Address (P.O. Box Number is Not Acceptable) 1350 NE 56 Street, Suite 200 City Ft. Lauderdale FL Zip Code 33334	
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.			
SIGNATURE 		John E. Abdo, President	
Signature, typed or printed name of registered agent and title if applicable.		DATE 03/31/06	
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	PD ABDO, JOHN E 2100 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, ALEXANDER M 2100 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	T/D/Assistant Secretary 1350 NE 56 Street, Suite 200 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISE, SETH M 2100 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	VP/S/D 1350 NE 56 Street, Suite 200 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 E. Abdo, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/31/06	
		Daytime Phone # 954-491-2191	