


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46351**  
1. Entity Name  
**CENTER PORT BUSINESS PARK OWNERS  
ASSOCIATION, INC.**



Principal Place of Business <b>1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334</b>	Mailing Address <b>1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0384705</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ABDO, JOHN E  
1350 NE 56TH ST  
SUITE 200  
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDO, JOHN E 1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDAS DUNN, ALEXANDER M 1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WISE, SETH M 1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000621801  
02/12/07-80031-014 61.25

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** 01/31/07 9544912191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #