2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N46351

1. Entity Name
CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334	1350 NE 56TH ST SUITE 200 FORT LAUDERDALE, FL 33334

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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0384705
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

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

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01/23/08-80065-002 61.25

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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 01/14/08 954-491-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #