


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90223 045 ****61.25

DOCUMENT # N95000005599					
1. Entity Name 951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8441 COOPER CREEK BLVD. UNIVERSITY PARK, FL 34201 US			Mailing Address 570 DELAWARE AVENUE C/O BENDERSON DEVELOPMENT COMPANY BUFFALO, NY 14202 US		
2. Principal Place of Business			3. Mailing Address 8441 COOPER CREEK BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State UNIVERSITY PARK FL		
Zip		Country		Zip 34201	
Country		Country		Country	
6. Name and Address of Current Registered Agent GAYTON, ALICIA H ESQ 8441 COOPER CREEK BOULEVARD UNIVERSITY PARK, FL 34201				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City FL	
Zip Code				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENDERSON, RANDALL		NAME	8441 COOPER CREEK BLVD	
STREET ADDRESS	570 DELAWARE AVENUE		STREET ADDRESS	UNIVERSITY PARK FL 34201	
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALDAUF, DAVID H		NAME	8441 COOPER CREEK BLVD	
STREET ADDRESS	570 DELAWARE AVENUE		STREET ADDRESS	UNIVERSITY PARK FL 34201	
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBEN, WAYNE		NAME	UNIVERSITY PARK FL 34201	
STREET ADDRESS	8441 COOPER CREEK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34201		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>David H Baldauf</i>		DAVID H BALDAUF		4/22/2004 941-359-8303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VP		Date	
				Daytime Phone #	

94074106



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0668590

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

FL Zip Code

DATE

Make check payable to
Florida Department of State

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

4/22/2004 941-359-8303

Date

Daytime Phone #

435