

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N95000005599

Entity Name: 951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8441 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201 US

**New Principal Place of Business:**

**Current Mailing Address:**

8441 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201 US

**New Mailing Address:**

FEI Number: 65-0668590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAYTON, ALICIA H ESQ  
8441 COOPER CREEK BOULEVARD  
UNIVERSITY PARK, FL 34201 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: PD ( ) Delete  
Name: BENDERSON, RANDALL  
Address: 8441 COOPER CREEK BLVD.  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: VPD ( ) Delete  
Name: BALDAUF, DAVID H  
Address: 8441 COOPER CREEK BLVD.  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D (X) Delete  
Name: RUBEN, WAYNE  
Address: 8441 COOPER CREEK BLVD.  
City-St-Zip: UNIVERSITY PARK, FL 34201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 H. BALDAUF

VPD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date