
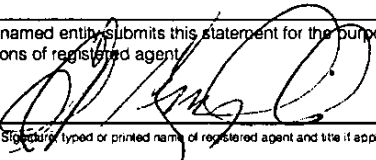
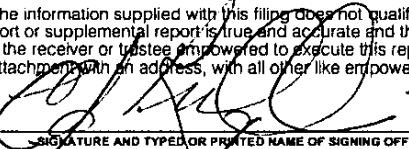


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90405 018 ****61.25

DOCUMENT # N96000001418					
1. Entity Name RANGER BUSINESS PARK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 101 SANSBURY WAY WEST PALM BEACH, FL 33411			Mailing Address P.O. BOX 15065 W PALM BEACH, FL 33416		
2. Principal Place of Business - No P.O. Box # 6499 N Powerline Rd		3. Mailing Address 6499 N. Powerline Rd			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL			
Zip 33309		Country BROWARD		Zip 33309	
Country BROWARD		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE FREHN, JOHN A 101 SANSBURY'S WAY W PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name: EDWARD M. RENZULLI Street Address (P.O. Box Number is Not Acceptable): 6499 N. Powerline Road, #301 City: Fort Lauderdale FL Zip Code: 33309		
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: 4-27-07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	NAME VECELLIO, LEO A JR		<input checked="" type="checkbox"/> Delete	TITLE Member of the Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			NAME EDWARD M. RENZULLI	
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			STREET ADDRESS 6499 N Powerline Road, #301	
CITY-ST-ZIP WEST PALM BEACH, FL 33411	CITY-ST-ZIP WEST PALM BEACH, FL 33411			CITY-ST-ZIP Fort Lauderdale, FL 33309	
TITLE STD	NAME TAYLOR, JOHN L		<input checked="" type="checkbox"/> Delete	TITLE Member of the Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			NAME PHILIP T MEDICO, JR	
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			STREET ADDRESS 6499 N POWERLINE ROAD, #301	
CITY-ST-ZIP WEST PALM BEACH, FL 33411	CITY-ST-ZIP WEST PALM BEACH, FL 33411			CITY-ST-ZIP Fort Lauderdale, FL 33309	
TITLE VD	NAME VECELLIO, CHRISTOPHER S		<input checked="" type="checkbox"/> Delete	TITLE Member of the Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			NAME Tom Figari	
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			STREET ADDRESS 6499 N Powerline Road, #301	
CITY-ST-ZIP WEST PALM BEACH, FL 33411	CITY-ST-ZIP WEST PALM BEACH, FL 33411			CITY-ST-ZIP Fort Lauderdale, FL 33309	
TITLE VD	NAME VECELLIO, MICHAEL A		<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			NAME 	
STREET ADDRESS 101 SANSBURYS WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33411			STREET ADDRESS 	
CITY-ST-ZIP WEST PALM BEACH, FL 33411	CITY-ST-ZIP WEST PALM BEACH, FL 33411			CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 			CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 			CITY-ST-ZIP 	
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: 				DATE: 4-27-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 954-776-9900	