

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001418</b>	
1. Entity Name <b>RANGER BUSINESS PARK PROPERTY OWNERS' ASSOCIATION, INC.</b>	
Principal Place of Business <b>6499 N POWER LINE RD 301 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>6499 N POWER LINE RD 301 FORT LAUDERDALE, FL 33309</b>



02182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> 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**

**RENZULLI, EDWARD M  
6499 N. POWERLINE ROAD #301  
FORT LAUDERDALE, FL 33309**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000836760  
04/25/08-90021-001 \$1.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RENZULLI, EDWARD M
STREET ADDRESS	6499 N. POWERLINE ROAD #301
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	MEDICO, PHILIP T JR.
STREET ADDRESS	6499 N. POWERLINE ROAD #301
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	FIGARI, TOM
STREET ADDRESS	6499 N. POWERLINE ROAD #301
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDWARD M. RENZULLI**

Date

Daytime Phone #

4-8-08 (954) 776-9900