

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001630

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** MCNAB BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1671 W MCNAB RD  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

POB 7080  
C/O PALVIG  
FORT LAUDERDALE, FL 33338

**New Mailing Address:**

**FEI Number:** 65-0929537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALVIG, EDWARD  
1671 W MCNAB RD  
POMPANO BEACH, FL 33069 US

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

PALVIG, EDWARD  
1671 W MCNAB RD  
POMPANO BEACH, FL 33069 US

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: EDWARD PALVIG

02/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PALVIG, EDWARD  
Address: 1671 W MCNAB RD  
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: T ( ) Delete  
Name: CLIFTON, ANN  
Address: 1671 W MCNAB RD  
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: VP ( ) Delete  
Name: JEFFREY, GRAF  
Address: 1671 W MCNAB RD  
City-St-Zip: POMPAN0 BEACH, FL 33069

**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 exemption stated 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 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: ANN CLIFTON

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date