

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90697 050 ****61.25

DOCUMENT # N99000002122

1. Entity Name
COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business ⁽⁰⁵⁾
~~1072A~~ **1002** E NEWPORT CENTER DRIVE Ste. 100
 DEERFIELD BEACH, FL ~~33449~~ **33442** US

Mailing Address ⁽⁰⁵⁾
~~1072A~~ **1002** E NEWPORT CENTER DRIVE Ste. 100
 DEERFIELD BEACH, FL ~~33449~~ **33442** US



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0946021** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REIS, CARY ¹⁰⁰²
~~1072A~~ **1002** E NEWPORT CENTER DRIVE Ste. 100
 DEERFIELD BEACH, FL ~~33449~~ **33442**

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 Cary Reis 4-27-04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REIS, CARY ¹⁰⁰²
STREET ADDRESS	1072A 1002 E NEWPORT CENTER DRIVE Ste. 100
CITY-ST-ZIP	DEERFIELD BEACH, FL 33449 33442
TITLE	VPD
NAME	KILPATRIC, HAROLD D
STREET ADDRESS	7700 HIGH RIDGE RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	SD
NAME	HARRISON, DANIEL
STREET ADDRESS	121 COMMERCE RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Cory Reis 4-27-04 954-978-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #